

Case Number:	CM14-0089367		
Date Assigned:	07/23/2014	Date of Injury:	07/20/2007
Decision Date:	10/02/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 42-year-old female with a 7/20/07 date of injury. At the time (5/5/14) of request for authorization for 200 tablets of Gabapentin 600mg. with 1 refill, there is documentation of subjective (moderate aching and discomfort left shoulder, limited motion left hand, continued numbness and weakness with limited motion of the left elbow) and objective (limited range of motion of the hand, weakness of the left hand, decreased intrinsic motor function, and limited range of motion over the elbow), current diagnoses (cubital tunnel syndrome and epicondylitis medial tennis elbow in both elbows), and treatment to date (medications (including ongoing treatment with Ibuprofen and Tramadol)).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabapentin 600mg #200, 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti- epilepsy (AEDs- anti-convulsants) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of

Neurontin (Gabapentin). Within the medical information available for review, there is documentation of diagnoses of cubital tunnel syndrome and epicondylitis medial tennis elbow in both elbows. In addition, there is documentation of neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for 200 Tablets of Gabapentin 600mg. with 1 refill is medically necessary.