

Case Number:	CM14-0089914		
Date Assigned:	09/19/2014	Date of Injury:	02/01/2010
Decision Date:	10/31/2014	UR Denial Date:	06/05/2014
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 Occupational 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:

Injured worker is a female with date of injury 2/1/2010. Per primary treating physician's progress report dated 4/7/2014, the injured worker complains of persistent symptoms with fingers on the left hand more swollen now. Hydrocodone/APAP and Neurontin 1800 mg have been helpful in relieving symptoms. Lyrica was more effective, but was denied by insurance. Right 3rd, 4th, and 5th fingers are stiff and swollen. Pain travels up to the neck and into both shoulders. Pain also radiates down to the mid back, low back and legs. On examination both palms are blanched. Left thumb has positive Finkelstein's and positive trigger finger. There is mottling and slight swelling of the left thumb. Right lateral epicondyle is tender to palpation. Finkelstein's is positive on the right hand. Phalens is positive on the right wrist. Tinel is positive on the right wrist. Right hand is cooler to touch than left hand. Mottling is apparent in right palm and especially on the right 3rd, 4th and 5th fingers. Right 3rd, 4th and 5th fingers are ankylosed at 20 degrees at the MCP and hyperextended at the PIP and DIP joints. Digits appear slight edematous at the MCPs. Diagnoses include 1) bilateral upper extremity overuse syndrome 2) right carpal tunnel syndrome, symptomatic and industrial 3) complex region pain syndrome type II, symptomatic and industrial 4) ankylosis of the right hand 3rd, 4th and 5th digits 5) cervical pain, symptomatic and industrial 6) bilateral shoulder pain, symptomatic and industrial 7) right adhesive capsulitis 8) thoracic pain, symptomatic and industrial 9) bilateral lower extremity neuropathy, non industrial 10) depressive symptoms 11) GERD.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG #30 MODIFIED TO ONE REFILL FOR WEANING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AED) Page(s): 16,18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs section Page(s): 16-19.

Decision rationale: The MTUS Guidelines recommend gabapentin as first-line therapy for painful polyneuropathy. It is also recommended for postherpetic neuralgia, central pain, peripheral neuropathy, spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. The use of gabapentin is not well explained in the medical reports. Gabapentin is an option for neuropathic pain, however, neuropathic pain is not described in the recent medical reports. The injured worker has a diagnosis of bilateral lower extremity neuropathy, which is reported as non industrial. It is reported that gabapentin is helpful, but this is not clarified in terms of functional improvement and pain reduction, specifically in regards symptoms from industrial injury. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Gabapentin 600mg #30 modified to one refill for weaning is not medically necessary.