

Case Number:	CM14-0206603		
Date Assigned:	12/18/2014	Date of Injury:	11/28/2010
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice 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:

This 53 year old female sustained work related industrial injuries on November 28, 2010. The mechanism of injury was not described. The injured worker subsequently complained of wrist pain. The injured worker was diagnosed and treated for bilateral wrist tendinitis. Treatment consisted of diagnostic studies, prescribed medications, steroid injections, hand therapy, consultations, surgical procedures and periodic follow up visits. There was no radiographic imaging or operative surgical reports submitted for review. According to the qualified medical examination on September 15, 2014, the injured worker has had three procedures on the left hand that has not worked and wants to pursue conservative pain management. Per treating provider report dated November 3, 2014, objective findings revealed left hand tenderness to palpitation with intact pulses and some swelling at the base of the thumb. As of November 3, 2014, the injured worker remains temporarily totally disabled. The treating physician prescribed services for Gabapentin 300mg #100 now under review. On November 11, 2014, the Utilization Review (UR) evaluated the prescription for Gabapentin 300mg #100 requested on November 6, 2014. Upon review of the clinical information, UR non-certified the request for Gabapentin 300mg #100, noting the injured worker does not have the medical condition that would require Gabapentin according to the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13,18.

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

Decision rationale: According to the MTUS guidelines: Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. In this case, the claimant does not have the stated conditions approved for Gabapentin use. There are no neurological abnormalities mentioned in the September 15, 2014 exam. Gabapentin is not medically necessary.