MAXIMUS Federal Services

Case Number:	CM14-0209456		
Date Assigned:	12/22/2014	Date of Injury:	08/30/2010
Decision Date:	02/19/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

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

The injured worker is a 66-year-old male with a date of injury of 08/30/2010. The mechanism of injury was lifting. His diagnoses include bilateral upper extremity pain, depression, gastro reflux disease, sleep disorder, and sexual dysfunction. His past treatments included medications, carpal tunnel surgery, physical therapy, trigger point injections, and radial tunnel surgery. Diagnostic studies were not included. On 08/21/2014, the injured worker complained of arm pain. The physical examination revealed a pleasant, cooperative, alert male. Examination of the neck, lungs, heart, abdomen, extremities, and head revealed no abnormalities. His current medications are trazodone, gabapentin 600 mg, Protonix, ketamine 5% cream topically. The request is for gabapentin 600 mg #60, date of service 11/21/2014, and the rationale is not provided. The Request for Authorization was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60 (DOS 11/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18.

Decision rationale: The request for Gabapentin 600mg #60 is not medically necessary. The injured worker reported increased arm pain. The California MTUS Guidelines note 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 of neuropathic pain. There is no mention of muscle weakness or numbness, which would indicate neuropathy. It did not appear the injured worker had a diagnosis which would be congruent with the guideline recommendations. Therefore, the request is not warranted. As submitted, the request failed to address the frequency of the medication. As such, the request for gabapentin 600 mg #60 is not medically necessary.