

Case Number:	CM15-0000915		
Date Assigned:	01/12/2015	Date of Injury:	03/07/2013
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male, who sustained an industrial injury on 03/07/2013. He has reported left hand pain. The diagnoses have included status post traumatic injury of the left hand, with crush injuries to the third, fourth, and fifth digits of the left hand. Treatment to date has included oral pain medication. Currently, the injured worker complains of a lot of left hand pain. He had increased his medication use due to escalated pain. The objective findings include the inability to make a fist; a significant lag on the fourth and fifth digits on the left hand; unable to bend the distal interphalangeal (DIP) joint of the third digit; ability to flex the proximal interphalangeal (PIP) joint about 90 degrees; some functional loss; almost full range of motion of the metacarpophalangeal (MCP) joint; and decreased range of motion at the DIP and PIP joint of the fourth and fifth digits. The treating physician requested Gabapentin 600mg #60 by mouth twice a day for neuropathic pain. On 12/15/2014, Utilization Review (UR) non-certified the request for Gabapentin 600mg #60, thirty-day supply, noting that there was no evidence of diabetic neuropathy or postherpetic neuralgia, and no clear evidence of neuropathy causing pain. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #60; 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: This patient presents with left hand pain. The treater has asked for GABAPENTIN 600MG #60; 30 DAY SUPPLY on 12/4/14. Review of the records shows that the patient has no history of taking Gabapentin. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, the patient does not have a diagnosis for which a trial of Gabapentin would be indicated. The patient presents with a crush injury to the right hand with a diagnosis of "arthralgia of the left hand" per utilization review letter dated 12/15/13. The requested gabapentin is not indicated for this type of condition per MTUS guidelines. The request IS NOT medically necessary.