

<b>Case Number:</b>	CM15-0140288		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	07/23/2004
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 56-year-old who has filed a claim for chronic neck, wrist, hand, and forearm pain reportedly associated with an industrial injury of July 23, 2004. In a Utilization Review report dated July 2, 2015, the claims administrator partially approved a request for Horizant (extended-name Gabapentin) as a one-month generic trial supply of the same. The claims administrator referenced an RFA form received on June 26, 2015 in its determination. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant reported ongoing complaints of bilateral wrist, hand, forearm, and upper extremity pain. The applicant was using Trazodone and Norco, it was reported. The attending provider stated that he intended to appeal previously denied Horizant. The attending provider stated that the applicant had developed side effects from Lyrica and Gabapentin. The attending provider contented that the request for Horizant represented a first-time request for the same. Extended-release morphine, Norco, and a rather proscriptive 5 pound lifting limitation were endorsed. It was not clearly stated whether the applicant was or was not working with said 5-pound lifting limitation in place, although this did not appear to be the case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Horizant (Gabapentin) 600mg #60 with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** Yes, the request for Horizant (Gabapentin) was medically necessary, medically appropriate, and indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin (AKA Horizant) does represent a first-line treatment for neuropathic pain, as was present here in the form of the applicant's complex regional pain syndrome (CRPS). The request was framed as a first-time request for the same. The attending provider stated that he had introduced Horizant (extended-release Gabapentin) on the grounds that the applicant previously employed short-acting Gabapentin and Lyrica without relief and/or had developed side effects with the same. Introduction of Horizant (extended-release Gabapentin), thus, was indicated to ameliorate the applicant's neuropathic pain complaints associated with complex regional pain syndrome on or around the date in question. Therefore, the first-time request for Horizant (extended-release Gabapentin) was medically necessary.