

<b>Case Number:</b>	CM15-0141668		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: 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 injured worker is a 57 year old female, who sustained an industrial injury on 11-4-13. Initial complaints were not reviewed. The injured worker was diagnosed as having large volar ganglion cyst left wrist; moderately severe left carpal tunnel syndrome left wrist; probable neuroma in the palmar cutaneous branch of the median nerve with persistent symptomology; chronic pain syndrome left; spasm of muscle left. Treatment to date has included physical therapy; stellate ganglion block; psychiatric consultation; medications. Currently, the PR-2 notes dated 6-10-15 indicated the injured worker is seen in this office for a follow-up after recently being evaluated by a pain specialist. He recommends she undergo a psychiatric consultation and also a stellate ganglion block on the left side and this provider concurs. On physical examination, the provider documents the injured worker still has hypersensitivity on the volar aspect of the left wrist and moderately severe tenderness to palpation in this area. There is painful range of motion of the left wrist. He notes a large volar ganglion cyst on the left wrist secondary to repetitive use while on work duty. She is a status post excision of the ganglion on the left wrist on 2-1-14. She has moderately severe carpal tunnel syndrome secondary to repetitive use of the left wrist while on work duty. There is a probable neuroma in the palmer cutaneous branch of the median nerve with persistent symptomology. She is a status post left carpal tunnel release and neuroma excision on 9-16-14. The provider recommends a psychiatric consultation and a stellate ganglion block since she has evidence of complex regional pain syndrome. He has prescribed Naprosyn as an anti-inflammatory and Gabapentin to be taken at bedtime. The provider is requesting authorization of Gabapentin 300mg, #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 18, 19.

**Decision rationale:** MTUS Guidelines support at least a trial of Gabapentin for neuropathic pain syndromes including CRPS syndrome. This individual is clearly documented to have these qualifying medical diagnosis(s). There are no unusual circumstances that would support an exception to the Guideline support. The Gabapentin 300mg #60 is supported by Guidelines and is medically necessary.