

Case Number:	CM15-0145035		
Date Assigned:	08/05/2015	Date of Injury:	08/16/2014
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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, Florida, 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 20 year old female who sustained an industrial injury on 8-16-14. Diagnoses are right shoulder sprain-strain, rule out derangement, right wrist sprain-strain rule out derangement, low back pain, lumbar spine sprain-strain rule out herniated nucleus pulposus, rule out radiculitis-lower extremity, and right hip sprain-strain rule out derangement. In a progress report dated 5-21-15, the primary treating physician notes burning pain of the right shoulder which radiated down the arm and fingers, associated with muscle spasms and rated as 6 out of 10. She complains of burning wrist pain with muscle spasms rated as 3-4 out of 10 and burning radicular low back pain and muscle spasms rated as 7-8 out of 10. There is also complaint of burning right hip pain and muscle spasms rated as 6-7 out of 10. It is noted that the symptoms persist but the medication offers temporary relief of pain and improves her ability to have restful sleep. She is able to heel-toe walk but has pain with toe walking. There is palpable tenderness with spasms noted at the lumbar paraspinal muscles and over the lumbosacral junction and decreased range of motion of the lumbar spine. A slight decrease to pin-prick and light touch at the L4, L5 and S1 dermatomes bilaterally is noted. Work status is to remain off work from 5-21-15 through 6-18-15. Medications noted in the treatment plan are Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketaprofen Cream. Previous treatment includes 9 sessions of physical therapy, with no alleviation of pain, paraspinal ligament injections 2-5-15, Toradol injection 2-5-15, MRI of the right wrist 5-15-15, MRI of the lumbar spine 5-15-15, and medication. The requested treatment is retrospective Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml (date of service 5-21-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml (DOS 05/21/15):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 of 127 and page 19 of 127.

Decision rationale: This claimant was injured over a year ago with right shoulder sprain-strain, rule out derangement, right wrist sprain-strain rule out derangement, low back pain, lumbar spine sprain-strain rule out herniated nucleus pulposus, rule out radiculitis-lower extremity, and right hip sprain-strain rule out derangement. As of May 2015, there is burning pain of the right shoulder. Previous treatment includes 9 sessions of physical therapy, with no alleviation of pain, paraspinal ligament injections 2-5-15, and Toradol injection 2-5-15. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) 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. This claimant however has neither of those conditions. Further, if truly needed, it is not clear why oral medicines could not be used as opposed to a suspension. The request is appropriately non-certified under the MTUS evidence-based criteria.