

<b>Case Number:</b>	CM15-0147646		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 53-year-old male who sustained an industrial injury on 01-11-2008. Diagnoses include cervical spine herniated nucleus pulposus; low back pain; left shoulder osteoarthritis; right shoulder rotator cuff tear; lumbar spine degenerative disc disease; and facet joint hypertrophy. Treatment to date has included medications and activity modification. According to the progress notes dated 5-22-2015, the IW reported burning, radicular neck pain and muscle spasms, rate 5-6 out of 10 with related pain, numbness and tingling in the bilateral upper extremities; burning bilateral shoulder pain, rated 6-7 out of 10 on the right and 5-6 out of 10 on the left, radiating down the arms to the fingers with associated muscle spasms and weakness; and burning, radicular low back pain and muscle spasms, rated 7 out of 10, with associated numbness and tingling in the lower extremities. His medications were helpful, reducing his pain temporarily and allowing for better sleep. On examination, there was 2+ tenderness in the bilateral shoulder regions and in the suboccipital region, scalene and sternocleidomastoid muscles. Range of motion (ROM) was reduced in all planes of the cervical spine and the bilateral shoulders. Sensation was slightly diminished over the C5 through T1 dermatomes in the bilateral upper extremities and over the L4 through S1 dermatomes in the bilateral lower extremities; motor strength was slightly decreased in all extremities due to pain. There was tenderness over the lumbar paraspinal muscles and lumbosacral junction and ROM was approximately 50% of normal. Straight leg raise was positive bilaterally at 60 degrees. A request was made for Fanatrex 25mg/ml oral suspension for chronic neuropathic pain.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fanatrex 25mg/ml oral suspension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

**Decision rationale:** FANATREX contains GABAPENTIN which is a medication approved for neuropathic pain. According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." The presence of neuropathy has been established in this case, however, there is no evidence of intolerance or contraindication of the oral form of this medication. Therefore, the request for FANATREX (GABAPENTIN) 25MG/ML is not medically necessary.