

Case Number:	CM15-0149330		
Date Assigned:	08/12/2015	Date of Injury:	07/19/2012
Decision Date:	09/10/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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: Georgia, California, Texas

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 50-year-old female, who sustained an industrial injury on 7-19-2012. She reported a chair she was sitting on broke causing a fall with injury to the left hand and wrist, low back and buttocks. Diagnoses include wrist pain, left cubital syndrome, low back pain and lumbar radiculopathy. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, TENS unit, lumbar epidural steroid injection and trigger point injection. Currently, she complained of ongoing pain rated 5 out of 10 VAS with medication and 8 out of 10 VAS without medications. On 7-8-15, the physical examination documented lumbar tenderness with muscle spasm and a positive left side straight leg raise test. The left wrist demonstrated positive Phalen's sign and Tinel's sign and tenderness with palpation. The plan of care included a prescription for Gabapentin 300mg capsules, one to two tablets at bedtime, #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 MG Cap #30 with 1 Refill Take 1-2 Tabs at Bedtime: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: Evidence of neuropathic pain is documented in this case. MTUS recommends a trial of antiepilepsy drugs (AEDs) for treatment of neuropathic pain. Concerning the trial period, MTUS states: "One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. (TCA, SNRI or AED)." There is insufficient documented evidence of symptomatic or functional improvement with a trial of gabapentin to support continuation of gabapentin at the current dosage, per MTUS criteria. Therefore, the request is not medically necessary.