

Case Number:	CM15-0165301		
Date Assigned:	09/03/2015	Date of Injury:	05/28/2014
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on May 28, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having post-traumatic stress disorder, status post-surgical-left ulnar artery, numbness-tingling and left forearm open wound with tendon involvement. Treatment to date has included medication, exercise, transcutaneous electrical nerve stimulation unit, ice application, physical therapy and heat therapy. The injured worker was noted to have symptomatic improvement with physical therapy. On July 20, 2015, the injured worker complained of left wrist and hand pain with numbness and tingling of the last two digits. The pain was rated as a 5 on a 1-10 pain scale. The treatment plan included medication, six sessions with a psychotherapist and a follow-up visit. A request was made for Gabapentin 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant sustained a work-related injury in May 2014 as the result of an assault when he was stabbed in the left wrist sustaining radial and ulnar arteries injuries and is being treated for chronic left upper extremity pain with symptoms including numbness and tingling. When seen, pain was rated at 5/10. There was improved grip strength and improved strength with wrist flexion and extension testing. There was ongoing fourth and fifth finger tingling with normal sensation. Medications were prescribed. Gabapentin was prescribed at a total dose of 900 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended and no titration was being planned. The claimant has ongoing moderate neuropathic pain. Ongoing prescribing at this dose is not medically necessary.