

Case Number:	CM15-0183210		
Date Assigned:	10/01/2015	Date of Injury:	03/07/2013
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/17/2015

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 77 year old female with a date of injury on 03-07-2013. The injured worker is undergoing treatment for reactive airway disease, asthma, obstructive sleep apnea, and chronic cough. A physician progress note dated 08-12-2015 documents the injured worker presents with a non-productive cough. Symptoms are aggravated by moderate activity, and relieved by fresh air. Associated symptoms are dyspnea on exertion. She also has sleep apnea, and apnea is worsened by heartburn. She is also having difficulty maintaining sleep, insomnia and non-restorative sleep. Treatment to date has included medications. Current medications include Atrovent nasal spray, Fluticasone nasal spray, Gabapentin, Loratadine, Multivitamin, Prilosec, ProAir HFA aerosol inhaler, Synthroid, and Tessalon pearls. The medications Atrovent 0.06% nasal spray #42 mcg and Fluticasone 50mcg were approved. On 09-01-2015 Utilization Review non-certified the request for Gabapentin 300mg, unspecified quantity.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in March 2013 when she was exposed to dust and debris resulting in reactive airway disease. When seen, she had a cough and sleep apnea. There was a detailed past medical history with diagnoses of allergies, hypothyroidism, and osteoarthritis and she had undergone a knee replacement in 2005. When seen, her body mass index was over 36. Medications include gabapentin at a daily dose of 2700 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 and is used in the treatment of epilepsy and restless legs syndrome. In this case, the claimant does not have a diagnosis of neuropathic pain or other condition that would be an indication for prescribing this medication. The request is not considered medically necessary.