

Case Number:	CM15-0183452		
Date Assigned:	09/24/2015	Date of Injury:	05/27/2015
Decision Date:	10/29/2015	UR Denial Date:	08/19/2015
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: California

Certification(s)/Specialty: Emergency 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(n) 37 year old male, who sustained an industrial injury on 5-27-15. The injured worker was diagnosed as having pain in joint forearm and bilateral wrist strain. The physical exam on 7-13-15 revealed normal bilateral wrist range of motion and intact sensation in the bilateral hands. Treatment to date has included Diclofenac cream and Gabapentin. As of the PR2 dated 8-10-15, the injured worker reports continued bilateral wrist and hand pain. Objective findings include normal muscle tone without atrophy in the bilateral upper extremities, normal deep tendon reflexes in the hands and normal bilateral wrist range of motion. The treating physician restricted the injured worker to a 20lbs lifting limit. The treating physician requested Gabapentin 600mg #60. The Utilization Review dated 8-19-15, non-certified the request for Gabapentin 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: 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 requested Gabapentin 600mg #60 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage," and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has continued bilateral wrist and hand pain. Objective findings include normal muscle tone without atrophy in the bilateral upper extremities, normal deep tendon reflexes in the hands and normal bilateral wrist range of motion. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 600mg #60 is not medically necessary.