

Case Number:	CM15-0196595		
Date Assigned:	10/14/2015	Date of Injury:	07/23/2014
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 07-23-2014. She has reported injury to the right shoulder and right upper extremity. The diagnoses have included status post right distal radius fracture with residual stiffness; right shoulder impingement; joint pain-shoulder; sprain rotator cuff; and Reflex Sympathetic Dystrophy upper limb. Treatment to date has included medications, diagnostics, activity modification, ice, heat, acupuncture, physical therapy, and status post wrist surgery. Medications have included Voltaren gel, Tramadol, Gabapentin, and Protonix. A progress note from the treating physician, dated 09-16-2015, documented a follow-up visit with the injured worker. The injured worker reported that she had a right shoulder injection which helped a little to improve her range of motion but did not reduce her pain; she has worsening of her weakness and is dropping objects; the Voltaren gel is helping her a little bit; the Gabapentin has helped to reduce her pain in the right arm; slightly decreased throbbing and shooting pain in the right arm; she has decreased pain in her right wrist, at 2 out of 10 in intensity; and the Gabapentin is providing 50% pain relief and allows her to sleep through the night. Objective findings included no acute distress; arthritic in the right shoulder; arthritic in the right wrist; surgical scar in the right wrist; atrophy in the right forearm; decreased strength with right shoulder abduction; Jamar grip strength testing decreased on the right; limited and painful range of motion of the right shoulder; and there is very limited active range of motion of the right wrist. The treatment plan has included the request for Gabapentin 300mg #90 with 5 refills. The original utilization review, dated 09-25-2015,

modified the request for Gabapentin 300mg #90 with 5 refills, to Gabapentin 300mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 with 5 refills: Overturned

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) 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. This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. Recommendations involving combination therapy require further study. The requested medication is a first line agent to treatment neuropathic pain. The patient does have a diagnosis of neuropathic pain in the form of RSD. Therefore the request is medically necessary.