

Case Number:	CM15-0201991		
Date Assigned:	10/16/2015	Date of Injury:	06/11/2014
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, 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 48 year old male, who sustained an industrial injury on 6-11-14. The documentation on 8-18-15 noted that the injured worker has complaints of severe burning pain in left wrist with tingling, numbness and paresthesia shooting in left forearm up to elbow. The injured worker rated his pain level 7 to 8 out of 10 on the visual analog scale. The documentation noted that even slight touch on left wrist and left forearm increases pain. Range of motion left wrist is restricted. Left-sided Findlestein's sign is positive. There is diminished sensation to light touch along medial border of left forearm. The diagnoses have included carpal tunnel syndrome. Treatment to date has included open reduction, internal fixation distal radial fracture; naproxen; Neurontin for tingling and numbness; Protonix for stomach upset and heartburn and range of motion, stretching and strengthening of left wrist at home. The electromyography study revealed left-sided carpal tunnel syndrome. The original utilization review (9-25-15) non-certified the request for Neurontin 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg: Upheld

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: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and Pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) 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." With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 1/2015. Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review did not contain evidence of improvement in function. As such, medical necessity cannot be affirmed.