

<b>Case Number:</b>	CM15-0204494		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Physical Medicine & Rehabilitation

### 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 34 -year-old male who sustained an industrial injury on 9-24-2013 and has been treated for a severe laceration of the right hand tendons and nerves. On 9-4-2015 the injured worker reported pain at 3-4 out of 10, and on 7-14-2015 it is also documented that he had numbness and tingling with paresthesias to the right wrist. Objective findings 7-14-2015 showed decreased range-of-motion with "intact" neuro examination. Documented treatment includes surgery 3-2014 and "multiple repairs" to the right wrist. Gabapentin is noted in the 9-4-2015 to have been requested at the "previous visit" which was 7-14-2015, but it had not been approved. Past medications have included Mobic discontinued no relief, Zorvolex, and Voltaren Gel. The treating physician's plan of care includes possible Lyrica, and a request for 120 count Neurontin 300 mg was requested, but modified to 60 on 9-15-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #120 (take 1 in the a.m., 1 at noon and 1 at bedtime): 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:** Based on the 8/31/15 progress report provided by the treating physician, this patient presents with right wrist pain with numbness/tingling/paresthesias. The treater has asked for GABAPENTIN 300MG #120 (TAKE 1 IN THE A.M., 1 AT NOON AND 1 AT BEDTIME) on 8/31/15. The request for authorization was not included in provided reports. The patient is s/p unspecified right wrist surgery for the severe laceration affecting tendons/nerves of right hand on 3/26/14 and continues to have a burning sensation over the volar distal forearm where he has a huge surgical scar per 6/30/15 report. The 1/26/14 report specifies the surgery as repair of the flexor pollicis longus, flexor digitorum superficialis and flexor digitorum profundus and flexor carpi radialis tendons with flexor digitorum superficialis and flexor digitorum profundus tendon 2.5 and median nerve reconstruction with sural nerve audiograph. The patient is currently taking Gabapentin per 8/31/15 report. The patient is currently permanent and stationary per 7/14/15 report. MTUS, Antiepilepsy drugs (AEDs) Section, pgs 18, 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" This patient has been prescribed Gabapentin since at least 6/30/15 and in subsequent reports dated 7/14/15 and 8/31/15. Guidelines indicate that anti-epilepsy drugs such as Gabapentin are considered appropriate for neuropathic pain. Per 6/30/15 progress note, the patient "does not feel that the Neurontin is really helping for his symptomology." In two months of use, the treater has no documented the efficacy of this medication. Regarding medications for chronic pain, MTUS pg. 60 states that a record of pain and function should be recorded. The current request for continuation of Gabapentin cannot be substantiated and is not in accordance with MTUS guidelines. Therefore, the request IS NOT medically necessary.