

Case Number:	CM15-0215984		
Date Assigned:	11/05/2015	Date of Injury:	01/08/2013
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 60 year old female who sustained a work-related injury on 1-8-13. Medical record documentation on 9-25-15 revealed the injured worker was being treated for right hand extensor tendon injury with surgical repair on 3-6-13, right hand flexor tendon surgery on 1-30-14, right hand sensory deficit distal 4th digit, possible neuropathic pain of the right upper extremity and possible right ulnar neuropathy of the elbow. She reported pain in the elbow associated with paresthesias over the ulnar aspect of the hand and reported pain in the palm of the hand and stiffness along the course of the flexor tendons mostly at the ring finger. She had pain in her distal 4th finger. Objective findings included a positive Ulnar Tinel's sign at the elbow with paresthesias affecting the 3rd, 4th and 5th digits of the hand. She had light touch sensation decreased over the radial aspects of the right 5th finger and pain along the course of the flexor tendons of the hand mostly over the flexor tendons of the ring finger. There was some distortion of the palmar aponeurosis bilaterally. The evaluating physician noted that the injured worker does have neuropathic pain. Previous treatment has included ibuprofen 600 mg and hand therapy. An EMG-NCV on 6-10-15 revealed ulnar neuropathy of the right elbow without evidence of active denervation. On 10-8-15, the Utilization Review physician modified gabapentin 100 mg #60 with 3 refills to gabapentin 100 mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam or subjectively. As such, without any evidence of neuropathic type pain, the medication is not medically necessary.