

Case Number:	CM15-0039785		
Date Assigned:	03/10/2015	Date of Injury:	06/28/2013
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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, 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 30 year old female, who sustained a work related injury on 6/28/13. She had cumulative injuries to her right hand, right wrist and back. The diagnoses have included cervical spine sprain/strain, cervical radiculopathy, right wrist tenosynovitis, lumbar spine sprain/strain and lumbar radiculopathy. Treatments to date have included extracorporeal shockwave therapy and medications. In the Initial Comprehensive Orthopedic Consultation Report dated 10/3/14, the injured worker complains of burning, radicular neck pain. She rates this pain a 7/10. The pain is made worse by range of motion with neck and repetitive motion of head and neck. She has numbness and tingling in both arms. She complains of burning pain in right wrist. She rates this pain a 9/10. She has weakness, numbness and tingling of hand and fingers. She complains of burning, radicular low back pain. She rates this pain a 7/10. She has associated pain with numbness and tingling of both legs. Her pain is worse with activities of daily living. The treatment plan is to continue current treatment and was given instructions on medications ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex 25mg/ml 420ml (gabapentin): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (web: updated 2/10/15) Physician dispensed drugs, Compound drugs Fusion Pharmaceuticals (http://fusionpharmallc.com/main/page_home.html).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding the requested for Fanatrex, Fanatrex contains active and inactive bulk materials to prepare 420 mL of a gabapentin oral suspension containing 25 mg/mL gabapentin. Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication, or a statement indicating why this would be preferred over a standard preparation of gabapentin. In the absence of such documentation, the currently requested Fanatrex is not medically necessary.