

Case Number:	CM15-0039956		
Date Assigned:	03/10/2015	Date of Injury:	02/10/2011
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 50 year old female, who sustained an industrial injury on 02/10/2011. She reported complaints of pain, numbness, and tingling to the bilateral wrist and hands secondary to repetitive data entry. The injured worker was diagnosed as having cervical radiculopathy, bilateral elbow lateral epicondylitis status post bilateral release, and bilateral wrist carpal tunnel syndrome status post bilateral release. Treatment to date has included electromyogram, use of splints, steroid injection to the bilateral arms, physical therapy, status post bilateral carpal tunnel release, status post bilateral lateral epicondyle release, and medication regimen. In a progress note dated 01/08/2015 the treating provider reports complaints of constant pain to the right elbow with numbness at night and a pain rating of a seven out of ten on the pain scale. The injured worker also has complaints of left elbow pain with numbness at night that is rated a five out of ten on the pain scale. The injured worker has complaints of weakness to both to the right and left wrists and hands. The treating physician requested the medication of Gabapentin for bedtime noting that the injured worker is having sleep disturbances at night secondary to right and left elbow numbness at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 300mg is not medically necessary and appropriate.