

Case Number:	CM15-0087198		
Date Assigned:	05/11/2015	Date of Injury:	07/21/2013
Decision Date:	06/11/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/06/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 29 year old female, who sustained an industrial injury on 7/21/2013. She reported injury when a mixer fell onto her leg. The injured worker was diagnosed as having prior left calf laceration with surgical intervention, neuralgia, bilateral carpal tunnel syndrome, pain induced depression, neuralgia induced insomnia and left Achilles tendonitis. There is no record of a recent diagnostic study. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), wrist splinting, surgery and medication management. In a progress note dated 4/24/2015, the injured worker notes decreased wrist parasthesias, headaches. The treating physician is requesting Horizant (Gabapentin Encarbii) 300 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant (gabapentin encarbii) 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Horizant (gabapentin encarbii).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, horizant.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the medication is FDA indicated in the treatment of restless leg syndrome. The patient does not have this as a primary diagnosis and therefore the request is not medically necessary.