

Case Number:	CM14-0169814		
Date Assigned:	10/17/2014	Date of Injury:	02/02/2009
Decision Date:	12/16/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 53 year old male who sustained a work injury on 2-2-09. On this date, the claimant sustained a complex laceration to the left hand. Office visit on 7-23-14 noted the claimant took Neurontin, which caused dizziness. He was given Gabapentin cream. Office visit on 8-20-14 notes the claimant reported he was unsure if there was benefit with the Gabapentin cream. The claimant had tried prior oral gabapentin which helped with his neuropathic pain. However, his pain was so severe that it was discontinued. On exam, the claimant had hypersensitivity along the ulnar aspect of the left forearm and surgical scar. Gabapentin cream was discontinued and he was given oral Gabapentin. Office visit on 10-23-14 notes the claimant is the same. He is interested in a neurologic consultation regarding his memory problems. He continues with burning and stabbing pain to the left hand which he rated as 3/10. He reports weakness to the left hand but attributes it to his previous stroke. He reported he is taking Gabapentin 600 mg tabs twice a day. He was advised to titrate up to three times a day but reports this caused dizziness and loss of balance. He reports he is tolerating this medication and finds that it improves his symptoms. He reports significant decrease in the pain. He reports that as long as he takes the medication only bid he has no problems with dizziness or loss of balance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Anti epileptic

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-epileptics are recommended for neuropathic pain. This claimant had a complex laceration to the left hand. The claimant continues with burning and stabbing pain to the left hand which he rated as 3/10. He reported he is taking Gabapentin 600 mg tabs twice a day. He reports he is tolerating this medication and finds that it improves his symptoms. He reports significant decrease in the pain. He reports that as long as he takes the medication only bid he has no problems with dizziness or loss of balance. Therefore, based on the records provided, the request for Gabapentin 600 mg #60 is reasonable for his neuropathic pain due to decrease in symptoms and pain control.