

Case Number:	CM14-0182739		
Date Assigned:	11/07/2014	Date of Injury:	10/30/2012
Decision Date:	12/15/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 31 year old with an injury date on 10/30/12. Patient complains of upper chest tightness, loss of motion left elbow, and dysfunctional sleeping with severe snoring, and shortness of breath (when doing activities) so that he cannot "take a full and deep breath" per 8/11/14 report. Based on the 8/11/14 progress report provided by The treating physician the diagnoses are: 1. severe full thickness burns to the upper body constituting about 53% exposure, s/p skin grafts and skin contracture releases; 2. strain to the lumbar spine with injury and lumbar disc disease; 3. constrictive scarring to the skin on the right arm and left arm; 4. probably obstructive sleep apnea on the basis of chest wall constriction; 5. posttraumatic anxiety/depression, post injury; 6. urinary dysfunction probably medication induced now resolved. Exam on 8/11/14 showed "L-spine range of motion moderately limited, with 90% at flexion/extension. Left elbow range of motion limited due to significant scar near antecubital fossa on left arm, and area still inflamed with some granulation." Patient's treatment history includes medications (currently gabapentin, hydroxyzine, celexa, and discontinued Percocet, Oxycontin), psychiatric therapy, and physical therapy to the lumbar. The treating physician is requesting gabapentin 800mg/tab 1 tab PO QID #60. The utilization review determination being challenged is dated 10/21/14. The treating physician provided treatment reports from 5/6/14 to 10/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg/tab, 1 tab po QID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Medication for Chronic Pain Page(s): 16-18, 60.

Decision rationale: This patient presents with chest tightness, loss of motion left elbow, difficulty sleeping, shortness of breath. The patient suffered a burn injury to left arm. The treating physician has asked for Gabapentin 800mg/tab, 1 tab po QID #60 on 8/11/14. Patient has been taking Gabapentin since 5/6/14. Regarding anti-convulsants, MTUS guidelines recommend them for neuropathic pain, and require documentation of pain and functional improvement, side effects, and pain relief of at least 30%. If no relief then: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, the patient has been taking Gabapentin for 3 months without documentation of effectiveness in relation to pain and function. Page 60 of MTUS requires recording of pain and function when medications are used for chronic pain. Recommendation is that the request is not medically necessary.