

Case Number:	CM14-0212471		
Date Assigned:	01/02/2015	Date of Injury:	09/16/2011
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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 patient is a 55 year old female with an injury date of 09/16/11. Based on the 12/08/14 progress report provided by treating physician, the patient complains of bilateral wrist pain and subsequent impact on activities of daily living. Patient is status post right carpal tunnel release on 05/10/12 and left carpal tunnel release on 07/19/12. Physical examination 12/08/14 notes decreased grip strength bilaterally, decreased sensation to the fingers bilaterally and positive Phalen and Tinels signs. The patient's current medication regimen, diagnostic imaging pertinent to this complaint was not included with the report. Patient is totally disabled. Diagnosis 12/08/14- Bilateral carpal tunnel syndrome. The utilization review determination being challenged is dated 12/12/14. The rationale is: "ongoing use of an AED has not resulted in any functional improvement... therefore, a modified amount is given for Gabapentin..." Treatment reports were provided from 07/02/14 to 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available), Page(s): 18, 19.

Decision rationale: The patient presents with bilateral wrist pain and subsequent impact on activities of daily living. Patient is status post right carpal tunnel release on 05/10/12 and left carpal tunnel release on 07/19/12. The request is for GABAPENTIN 300 MG QUANTITY 90. Physical examination 12/08/14 notes decreased grip strength bilaterally, decreased sensation to the fingers bilaterally and positive Phalen and Tinel's signs. The patient's current medication regimen, diagnostic imaging pertinent to this complaint was not included with the report. Patient is totally disabled. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) 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." Progress reports are handwritten and illegible. In this case, a prescription for Gabapentin was initiated sometime before 07/02/14 progress note, as it specifies a refill. The patient suffers from bilateral neuropathic pain associated with her carpal tunnel syndrome, for which Gabapentin may be indicated. However, the treater does not document any efficacy with regards to improvement in pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, this request IS NOT medically necessary.