

<b>Case Number:</b>	CM14-0218729		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	05/03/2009
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Arizona  
 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 52-year-old male who reported injury on 05/03/2009. The mechanism of injury was not provided. The surgical history was not provided, however, it was noted that the injured worker had a right elbow incision. The prior therapies were not provided. The request for authorization was dated 12/11/2014. The documentation of 12/11/2014 revealed the injured worker had pain at a 7/10. The injured worker indicated the pain in the right elbow affected him with shooting pain from the elbow to the wrist. The pain was noted to be excruciating intermittently with popping in his left shoulder with movement. The injured worker was noted to continue Neurontin 800 mg 3 times a day for pain. The documentation indicated that the injured worker had been disabled from the bilateral shoulders with limited functioning. The diagnosis was lateral epicondylitis of the elbow. The treatment plan included gabapentin 800 mg 1 tablet 3 times a day for 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 800 mg Tablet 1 Tablet 3 Times A Day For 30 Days, Quantity #90, Refills: Unspecified As An Outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Work Loss Data Institute.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide an objective decrease in pain of at least 30% to 50% and objective functional improvement. There was a lack of documentation indicating a necessity for refills and the request a submitted failed to clarify what quantity unspecified refills meant. Given the above, the request for 1 gabapentin 800 mg 1 tablet 3 times a day for 30 day, quantity #90, refills: unspecified as an outpatient is not medically necessary.