

Case Number:	CM15-0010325		
Date Assigned:	01/28/2015	Date of Injury:	12/13/2010
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/19/2015

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: Texas, California
 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:

This is a 57-year-old female patient who sustained a work-related wrist injury on 12/13/2010. The current diagnoses include bilateral median neuritis, bilateral flexor tenosynovitis and bilateral extensor tenosynovitis. Per the doctor's note dated 1/20/2015, she had complaints of burning, throbbing, pin and needles, tingling and numbness in bilateral wrists. The physical examination revealed bilateral hands- tenderness over the flexor and extensor surfaces; bilateral wrists- normal strength, sensation and range of motion; positive for median nerve irritation bilaterally. The medications list includes tylenol. Previous treatments include cortisone injections, medications, bracing and acupuncture. The treating provider requests Gabapentin 100 mg #90. The Utilization Review on 12/29/2014 non-certified Gabapentin 100 mg #90, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, Gabarone, generic available)
Page(s).

Decision rationale: Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines, Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Per the cited guidelines, CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. Per the records provided, he had complaints of burning, throbbing, pin and needles, tingling and numbness in bilateral wrists. The physical examination revealed bilateral hands- tenderness over the flexor and extensor surfaces; bilateral wrists- positive for median nerve irritation bilaterally. There is objective evidence of nerve related pain. Gabapentin is recommended as an option for treating neuropathic pain. This request for Gabapentin 100mg quantity 90 is deemed medically appropriate and necessary in this patient.