

Case Number:	CM15-0015050		
Date Assigned:	02/03/2015	Date of Injury:	07/19/2002
Decision Date:	03/23/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/27/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 was a 45 year old male, who sustained an industrial injury, July 19, 2002. The injured worker sustained a right wrist injury while standing on an elevated hydraulic lift that failed and the injured worker fell to the ground. The injured worker fractured the right scaphoid bone as the injured worker attempted to hold onto the railing to break the fall. The injured workers chief complaint was pain the right neck, right shoulder and head. The injured worker was diagnosed with chronic pain in the right upper extremity, depression and anxiety. The injured worker previously received the following treatments IV regional block that was unsuccessful, right wrist fusion on June 8, 2006 the injured worker underwent 4 other surgeries of the right wrist due to persistent pain, psychiatric therapy, heated gloves, gabapentin, Aciphex, Latuda, Viibryd, MRI for the upper extremity, x-ray of the forearm, wrist and hands. According to progress note of January 6, 2015 the injured worker had persistent pain in the right upper extremity, right neck and head. The pain was rated at 6 out of 10; 0 being no pain and 10 being the worse. On January 6, 2015, the primary treating physician requested renew for the prescription for gabapentin 300mg #180 with 2 refills. On January 21, 2015, the UR denied authorization for a prescription for Gabapentin 300mg #180 with 2 refills. The request was modified to Gabapentin 300mg #180with no refills. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) and Neurontin (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Pain section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg #180 with 2 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are pain joint involving hand, chronic; chronic pain due to trauma; RSD upper extremity; and depression/anxiety. The injured worker has chronic right upper extremity neuropathic pain. The injured worker obtains relief of the neuropathic symptoms with gabapentin. The documentation indicates the injured worker was taking gabapentin as far back as 2011. Gabapentin helps the injured worker perform chores with minimal activities outside the house. Additionally, gabapentin allows the injured worker to move his right hand and wrist more freely. The dosing is gabapentin 300 mg 1 to 2 capsules TID. Gabapentin is indicated. However, the two refills are not medically necessary. Consequently, the clinical documentation indicates gabapentin is appropriate, however, the refills are not medically necessary. Based on the clinical documentation in the medical record and the peer-reviewed evidence-based guidelines, Gabapentin 300 mg #180 with two refills is not medically necessary.