

Case Number:	CM15-0016276		
Date Assigned:	02/04/2015	Date of Injury:	01/09/2009
Decision Date:	03/24/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 47 year old female, who sustained an industrial injury on 1/9/09. She has reported right hand injury after smashing her hand chopping vegetables. The diagnoses have included carpal tunnel syndrome, De Quervain's disease, hand pain and right hand strain. Treatment to date has included medications, diagnostics, and physical therapy. Currently, the injured worker complains of pain in the right hand with swelling, numbness and tingling which radiates to the shoulder. The pain is constant, dull and achy in nature with sharp shooting pins and needles aggravated by repetitious motion of the right hand and relieved with medications, therapy and rest. She notes weakness of right upper extremity. She states that physical therapy has been painful with no results so far. Physical exam revealed sensation is altered right hand with tingling felt along the right hand. The Finkelstein's test was positive which was indicative of De Quervain's tendinitis. The Tinel's and Phalen's test was positive on the right side and right wrist range of motion was diminished with swelling in the right wrist. Magnetic Resonance Imaging (MRI) of the right wrist dated 6/20/11 revealed media; nerve entrapment. On 1/17/15 Utilization Review modified a request for Gabapentin 600mg, quantity: 60 modified to Gabapentin 600mg quantity: 45 no refill, noting a small trial was agreed and there is tapering dosage. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 17-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "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". This patient has been on Gabapentin in the past with some improvement but also some side effects. The previous UR modified the request to Gabapentin 600mg one tablet by mouth every night may increase to tablet twice a day for 30 days #45 to allow for a trial and close follow up with monitoring for improvement and side effect. As such, the request for Gabapentin tablets 600mg tablet by mouth every night and may increase to tablet twice a day for 30 days #60 is not medically necessary.