

Case Number:	CM15-0018272		
Date Assigned:	02/06/2015	Date of Injury:	05/31/2013
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/30/2015

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: New Jersey
 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 59 year old female sustained an industrial injury on 5/31/13. She subsequently reports chronic right wrist and left knee pain. Diagnoses include carpal tunnel syndrome. The injured worker underwent carpal tunnel surgery on 2/18/14. Treatment to date has included surgery, physical therapy and pain medications. On 1/13/2015, Utilization Review non-certified a request for Gabapentin 200mg # 30 with 3 refills. The Gabapentin 200mg # 30 with 3 refills was denied based on California MTUS Chronic Pain Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 200mg # 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30%

reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, she had been using 200 mg of gabapentin once nightly, however, it is not clear from the notes why the worker was not using this medication at a higher dose and frequency. She reported a pain level of 8/10 of her wrist pain (carpal tunnel syndrome) with the use of this medication, suggesting that it wasn't sufficient to reduce her symptoms/pain enough to warrant continued use. Regardless, there was no report seen in the recent notes to display the functional benefits directly related to regular gabapentin use. Therefore, the gabapentin 200 mg once daily will be considered medically unnecessary, based on the information presented in the documents made available to the reviewer. The reviewer suggests either weaning down or increasing the dosage or frequency.