

Case Number:	CM15-0111892		
Date Assigned:	06/18/2015	Date of Injury:	02/14/2014
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/10/2015

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

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 46 year old male who reported an industrial injury on 2/14/2014. His diagnoses, and/or impressions, are noted to include: crushing injury of hands; tendonitis; sprain/strain of the left forearm; closed fracture of the distal phalanx of the "LMF", with residual flexion impairment at the "DIPJ"; and deformity of the distal phalanx of the "LMF". No current electrodiagnostic or imaging studies are noted. His treatments have included diagnostic studies; hand therapy; home exercise program; paraffin treatments; trans-cutaneous electrical nerve stimulation unit therapy; medication management; and modified work duties, part-time. The progress notes of 5/13/2015 noted a monthly follow-up visit with complaints of frustration due to increased pain following completion of hand therapy, stating it was originally helpful but now his pain has increased with constant pain in the 3rd finger that continues to be locked, hyper-extended and with pain; also complained of headaches and stating that Naproxen is no longer helpful. Objective findings were noted to include a hyper-extended 3rd "DIP" that lacks flexion and is tender to palpation. The physician's requests for treatments were noted to include a trial of Gabapentin for nerve-type pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 100mg #60 is not medically necessary and appropriate.