

<b>Case Number:</b>	CM15-0114135		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/19/2006
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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:

This 57 year old man sustained an industrial injury on 9/19/2006. The mechanism of injury is not detailed. Evaluations include cervical spine x-rays dated 2/25/2011 and bilateral upper extremity electromyogram dated 6/24/2009. Diagnoses include carpal tunnel syndrome and cervical spine stenosis. Treatment has included oral medications. Physician notes dated 4/3/2015 show complaints of bilateral hand pain. Recommendations include Nabumetone, Gabapentin, proceed with surgical procedure scheduled for 4/22/2015, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600 MG #60:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #60 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 carpal tunnel syndrome; and cervical spinal stenosis. The date of injury is September 19, 2006. The injured worker underwent bilateral carpal tunnel release surgery in 2006. The injured worker underwent revision bilateral carpal tunnel release surgery with trigger finger release. The earliest progress note in the medical record dated November 24, 2014 shows the injured worker is taking gabapentin and a non-steroidal anti-inflammatory drug, Relafen. The most recent progress note in the medical record dated April 3, 2015, shows the injured worker is still taking gabapentin and a non-steroidal anti-inflammatory drug, Relafen. Subjectively, according to the April 3, 2015 progress note, the injured worker has chronic pain to the bilateral hands. There are no neuropathic symptoms documented in the record. Objectively, there is no neurologic evaluation. There are no objective neuropathic signs in the medical record. There is no clinical indication for gabapentin (for treating neuropathic pain). Additionally, the treating provider's appeal indicated the injured worker was not taking non-steroidal anti-inflammatory drugs because of renal dysfunction. The documentation indicates the injured worker is taking Relafen (a non-steroidal anti-inflammatory drug) through the most recent progress note dated April 3, 2015. Consequently, absent clinical documentation of neuropathic symptoms and signs and evidence of objective functional improvement to support ongoing gabapentin, Gabapentin 600 mg #60 is not medically necessary.