

<b>Case Number:</b>	CM15-0114453		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 53 year old female, who sustained an industrial injury on 7/23/2014. She reported a trip and fall, landing on an outstretched right wrist. The injured worker was diagnosed as having joint pain, shoulder, rotator cuff sprain, and status post fall on out-stretched hand. Treatment to date has included diagnostics, closed reduction and percutaneous pinning over right distal radial fracture 8/01/2014, splinting, modified work, physical therapy, pain management, and medications. On 5/20/2015, the injured worker returned for pain management re-evaluation. She reported pain in her right wrist as coldness, numbness, and tingling. She was unable to tolerate Tramadol and reported that compound cream really helped. She reported no right wrist pain and stated that the only time she had pain in her wrist was during physical therapy. She reported 30% benefit from Voltaren, noting improvement in activities of daily living. She was currently not working and reported difficulty sleeping. Medications included Gabapentin (initiated 5/20/2015), Pantoprazole, and Diclofenac. She was discontinued on Ultram ER and started on Gabapentin with titration as tolerated. A follow-up progress report (5/28/2015) noted complaints of pain in her right lateral neck into her right shoulder, rated 5/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #90 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 16.

**Decision rationale:** MTUS supports gabapentin is recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). The medical records support a neuropathic pain condition supported by tingling and pain. As the medical records support a neuropathic pain condition, the records support the use of gabapentin. Therefore, the request is medically necessary.