

Case Number:	CM15-0118923		
Date Assigned:	06/29/2015	Date of Injury:	05/01/2006
Decision Date:	07/29/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/19/2015

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: North Carolina

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:

The injured worker is a 60 year old female who sustained a cumulative industrial injury on 05/01/2006. Mechanism of injury occurred when she was filling a switch when she felt a pop in her left thumb followed by pain, along with pain in her neck, hands, shoulders and wrists. Diagnoses include impingement syndrome status post Mumford procedure and arthroscopy, and cervical myofascial sprain and strain. She is status post right carpal tunnel release with residual symptoms of right carpal tunnel. Treatment to date has included medications, surgery, and diagnostic studies. There is unofficial documentation done on 03/19/2014 of an Electromyography and nerve conduction study which showed persistent carpal tunnel syndrome. Her medications include Gabapentin and Motrin. A physician progress note dated 05/27/2015 documents the injured worker has neck pain and more frequent headaches the past 5 days. She has also been complaining of constant numbness and tingling in the right wrist and hand. She has been using a wrist support that she purchased over the counter with some benefit. Her right hand shows limited range of motion of the index finger on active basis and passive basis. She has pain with flexion of the index finger, which radiates into the upper arm. She has a well- heeled palm incision. The cervical spine reveals a 20% loss of range of motion, and there are spasms and tenderness t to the bilateral paraspinous muscles. Treatment requested is for Gabapentin 300mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin Page(s): 18.

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen 2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of carpal tunnel syndrome. Therefore the request is necessary and approved.