

Case Number:	CM15-0123080		
Date Assigned:	07/07/2015	Date of Injury:	01/05/2014
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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 49 year old female who sustained an industrial injury on January 5, 2014. She has reported severe headaches, neck pain, bilateral shoulder pain, elbow pain, wrist pain, low back pain, bilateral knee pain, and right ankle pain and has been diagnosed with visual disturbance, headaches, cervicgia, cervical disc displacement, radiculopathy cervical region, bilateral shoulder pain, rule out injury of muscles and tendon of the rotator cuff of bilateral shoulder, bilateral elbow pain rule out derangement, bilateral wrist pain rule out rule out derangement, low back pain, intervertebral disc displacement lumbar region, rule out radiculopathy lumbar region, pain in bilateral knee rule out derangement, and pain in the right ankle and joints of the right foot. Head exam was intact. There was tenderness to palpation to the suboccipital region and over both trapezius muscles. There was decreased cervical range of motion. There was tenderness over bilateral shoulders with decreased range of motion. There was tenderness to palpation at the lateral epicondyles with decreased range of motion. There was tenderness at the carpal tunnel and at the first dorsal extensor muscle compartment and decreased range of motion. There was a positive straight leg raise to both the right and left, positive tripod sign, and a positive flip test. There was tenderness to palpation over bilateral knees with decreased range of motion. There was tenderness to the right ankle with a positive anterior posterior drawer test. The treatment request included Fanatrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex (gabapentin) 25mg/ml oral suspension 420ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Co-pack drugs.

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

Decision rationale: Although, Fanatrex oral suspension which has the active ingredient for the anti-epileptic medication, 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 indication to support for Fanatrex oral suspension without identified neuropathic source, intolerance over oral pills or its functional benefit from treatment previously rendered for this chronic injury. The Fanatrex (gabapentin) 25mg/ml oral suspension 420ml is not medically necessary and appropriate.