

Case Number:	CM15-0123773		
Date Assigned:	07/08/2015	Date of Injury:	01/22/2013
Decision Date:	08/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 35 year old male, who sustained an industrial injury on January 22, 2013, incurring upper extremity injuries from repetitive motions. She was diagnosed with bilateral thoracic outlet syndrome. Treatment included chiropractic sessions, physical therapy, home exercise program, pain medications, neuropathic medications, and work restrictions. Currently, the injured worker complained of neck and bilateral upper extremity pain. The pain was worse with writing, grasping objects and overhead reaching. She noted numbness of the hand and arm when sleeping. She had difficulty driving her car, doing household chores, activities of daily living and playing with her young son due to persistent pain. The treatment plan that was requested for authorization included a prescription for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Gabapentin 600 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49.

Decision rationale: This 35 year old male has complained of neck pain and upper extremity pain since date of injury 1/22/13. He has been treated with chiropractic therapy, physical therapy and medications. The current request is for Neurontin. Per the MTUS guideline cited above, Neurontin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which support the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, the request for Gabapentin is not indicated as medically necessary.