

Case Number:	CM15-0129560		
Date Assigned:	07/16/2015	Date of Injury:	11/13/2014
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, California

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 29 year-old male who sustained an industrial injury on 11/13/14. He reported a piece of steel and concrete penetrated his left forearm while jack-hammering. Current diagnoses include left forearm metallic foreign body with cellulitis status post excision/debridement of left forearm, and complex regional pain syndrome Type I. Diagnostic testing and treatments to date have included radiographic imaging, EMG/NCS, left stellate ganglion block with intraoperative fluoroscopy on 06/03/15, and pain medication management. In a progress note dated 05/22/15, the injured worker reports he feels slightly better on Gabapentin after he increased his dose to 200mg three times a day. Plan of care includes pain management consultation, home exercise program, and increase dose of Gabapentin. Requested treatment is Gabapentin 300mg #90. The injured worker is under temporary total disability. Date of Utilization Review: 06/08/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs/anti-convulsants Page(s): 16, 19.

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

Decision rationale: According to the MTUS guidelines, "Gabapentin (Neurontin) 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." Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does CRPS and was started on Gabapentin for pain symptoms. The request for Gabapentin is medically necessary.