

Case Number:	CM15-0066243		
Date Assigned:	04/14/2015	Date of Injury:	01/05/2013
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 60-year-old who has filed a claim for chronic wrist, shoulder, and hand pain reportedly associated with an industrial injury of January 5, 2013. In a Utilization Review report dated March 5, 2015, the claims administrator failed to approve a request for gabapentin. The claims administrator referenced progress notes and RFA forms of February 13, 2015, January 16, 2015, and December 19, 2014 in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 13, 2015, the applicant reported ongoing complaints of hand and wrist pain. The applicant was placed off of work, on total temporary disability. Diminished grip strength about the left hand was evident. A pain management consultation and a psychiatric consultation were both endorsed. The attending provider stated that the applicant's medications were helping but did not elaborate further. Derivative complaints of depression and anxiety were noted. The applicant's pain complaints scored a 5/10. On February 9, 2015, it was acknowledged that the applicant was not, in fact, working. 6-7/10 pain complaints were noted with derivative complaints of depression, anxiety, headaches, and sleep disorders. The applicant reported continued difficulty with gripping and grasping. Neurontin was endorsed on this occasion for a presumed diagnosis of complex regional pain syndrome (CRPS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: No, the request for gabapentin (Neurontin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was off of work, on total temporary disability, despite ongoing gabapentin usage. The applicant continued to report issues with difficulty gripping and grasping about the injured hand, despite ongoing gabapentin usage. Pain complaints as high as 6-7/10 were evident, despite ongoing gabapentin usage on February 9, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.