

Case Number:	CM15-0097546		
Date Assigned:	05/28/2015	Date of Injury:	01/01/2014
Decision Date:	07/01/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/20/2015

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: Florida

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 38 year old female who sustained an industrial injury on January 1, 2014. She has reported injury to the head, cervical spine, lumbar spine, right shoulder, left shoulder, right wrist, left wrist, and feet and has been diagnosed with headache, cervical radiculitis, cervical sprain/strain, thoracic sprain/strain, lumbar radiculitis, lumbar spine sprain/strain, left shoulder sprain/strain, right wrist sprain/strain, right wrist tenosynovitis, left wrist sprain/strain, left wrist tenosynovitis, and difficulty walking. Treatment has included chiropractic care, acupuncture, medication, physical therapy, and medical imaging. There was tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles. There were muscle spasms. Foraminal compression caused pain bilaterally. There was tenderness to palpation of the lumbar paravertebral muscles. There were muscle spasms. There was tenderness to palpation of the lateral shoulder, supraspinatus, and trapezius. There was tenderness to palpation of the supraspinatus and trapezius of the left shoulder. There was tenderness to palpation of the dorsal right wrist and volar wrist with muscle spasm. It is noted there is muscle spasm of the left forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml, date of service 12/1/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18.

Decision rationale: MTUS guidelines states, "Gabapentin (Neurontin, Gabarone TM, 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." Regarding this patient's case, an oral suspension of Gabapentin is being requested. I could not find documentation as to why this patient is not able to swallow tablets, and would require an oral suspension. Likewise, this request cannot be considered medically necessary.