

<b>Case Number:</b>	CM14-0108609		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 years old male patient who sustained an injury on 11/8/2011. He sustained the injury due to hit by a forklift at work. The current diagnoses include Reflex Sympathetic Dystrophy (Complex Regional Pain syndrome) of right upper extremity following injury, right ulnar entrapment and status post right ulnar decompression surgery. per the doctor's note dated 5/8/14, he had right upper extremity pain from the shoulder down to hand with associated swelling, sweating, cramping, temperature changes and other sympathetic symptoms. The physical examination of the right upper extremity revealed pain, allodynia, dysesthesias, myofascial pain, vasomotor changes, temperature changes, sudomotor changes, skin colour, edema, stiffness, tremor, muscle cramps and spasm and involuntary muscle movement. The medications list Includeprednisone, Lyrica, Hydrocodone and sleep medications. He has undergone right carpal tunnel release and cubital tunnel release on 8/9/2013. He has had electrodiagnostic study for the bilateral upper extremities which revealed mild to moderate right carpal tunnel syndrome. He has had stellate ganglion block. He was prescribed gabapentin and advised to wean off Norco and topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600 MG Quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, Gabarone, generic available) P.

**Decision rationale:** Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007)...." The patient had right upper extremity pain from the shoulder down to hand with associated swelling, sweating, cramping, temperature changes and other sympathetic symptoms with history of right carpal tunnel release and cubital tunnel release. Gabapentin is recommended in patients with this clinical condition. However, he is already taking Lyrica an antiepileptic drug for the neuropathic pain. Response to Lyrica is not specified in the records provided. Rationale for additional antiepileptic drug for neuropathic pain is not specified in the records provided. The medical necessity of Gabapentin 600 MG Quantity 90 is not established for this patient.