

Case Number:	CM14-0141027		
Date Assigned:	09/10/2014	Date of Injury:	09/23/2008
Decision Date:	10/23/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

The injured worker is a 45-year-old male who reported an injury on 09/23/2008. The mechanism of injury was repetitive in nature. Diagnoses included carpal tunnel syndrome of the right wrist. Past treatments included physical therapy and medications. An official EMG/NCS on 06/12/2014 revealed a slight degree of right median sensory neuropathy distal to the wrist line and right cervical radiculopathy probably at the C5-6 level. Surgical history included carpal tunnel surgery of the right hand. The clinical note dated 06/06/2014 indicated the injured worker complained of pain and shocking sensation from the right wrist radiating up to his arm and shoulder. He also complained of some neck pain. The physical exam of the right upper extremity revealed positive Tinel's, weakness, thenar muscle atrophy, and decreased pinprick sensation to the right fingertips and palmar surface. Current medications included Cyclobenzaprine, Voltaren 1% gel, Hydrocodone 5/325 mg, Meloxicam, and Gabapentin 300 mg 3 times a day. The treatment plan included Gabapentin 300 mg 3 times per day for the right forearm. The rationale for the rationale was the relief of symptoms. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg 3 times per day for right forearm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 18-19..

Decision rationale: The request for Gabapentin 300 mg 3 times a day for the right forearm is not medically necessary. The California MTUS Guidelines indicate that Gabapentin has been shown to be effective treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. The injured worker complained of pain and a shocking sensation in the right forearm radiating up the arm in the shoulder. He previously underwent carpal tunnel surgery for the right wrist. Physical exam of the right upper extremity revealed atrophy of the thenar muscles, weakness, positive Tinel's, and decreased pinprick sensation in the fingertips and palmar surface. An EMG/NCS completed on 06/12/2014 revealed a slight degree of right median sensory neuropathy at or distal to the wrist line. The guidelines indicate that Gabapentin is recommended as a first line treatment for neuropathic pain. However, it is unclear how long the patient had been taking the requested medication, with documented evidence of quantified pain relief and functional improvement. Additionally, the request does not include the quantity of the medication. Therefore, the request for Gabapentin 300 mg 3 times per day for the right forearm is not medically necessary.