

<b>Case Number:</b>	CM13-0025405		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/15/2000
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, Pain Medicine, 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 physician 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 patient is a 52 year old injured worker who reported an injury on February 15, 2000. The mechanism of injury was not provided. Resulting injuries occurred to left knee, hip, and lower back. The patient received a left knee arthroscopy in 2012 for meniscal repair, and received post-operative physical therapy. Other treatment modalities include epidural steroid injections to an unspecified site and a discectomy/laminectomy to L4-L5. The patient is reported to have had excellent results with the previous listed treatments, and it was noted that treatment decreased low back pain to a 2/10. Previous to the surgery, clinical notes reported that the patient had decreased sensation to the left L4, L5, and S1 dermatomes. However, on their post-operative follow-up visits through February 12, 2013, it was noted that their lower extremity sensation was now intact, and no mention of sensory deficits were included in any of the clinical notes provided since that time. The patient's current significant complaints are related to the left and right knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg, quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines recommend Gabapentin for the treatment of chronic neuropathic pain associated with spinal cord injury. However, the patient has not elicited any radicular or neuropathic symptoms since their spinal surgery in 2012, thereby removing the chronicity element from diagnosis. The surgical intervention appears to have resolved radicular symptoms, as described in the clinical notes provided for review. As such, the indication for use of Gabapentin is no longer present. Guidelines recommend that this medication be weaned and not abruptly stopped. The request for Gabapentin 600mg, quantity 120, is not medically necessary and appropriate.