

Case Number:	CM13-0055815		
Date Assigned:	12/30/2013	Date of Injury:	11/06/1991
Decision Date:	04/28/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 52 year old male who sustained a work related injury to both his knees when he jumped out of the way of a moving vehicle on 11/6/91. Since then he has undergone multiple knee surgeries to address differing issues to include meniscal disruption. On his most recent progress report dated 12/10/13, he states that he has been able to be more active following Hyalgan injections to both knees with noted reduction in his pain following weather changes and has been able to be functional in his activities of daily living and with his family without the use of knee braces. He continues his use of Norco for pain management. The medication requested is no longer listed as an active medicinal currently being taken by the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYOTIN SR 250MG ONE MONTH SUPPLY ONLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND TREATMENTS Page(s): 49.

Decision rationale: Gabapentin (Neurontin®) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. The patient's pain is improved with other means and, as evident by his medication listing on his most recent progress reports; he has successfully discontinued use of the Dyotin (Gabapentin). Therefore, the requested medication is not medically necessary.