

Case Number:	CM13-0057919		
Date Assigned:	12/30/2013	Date of Injury:	09/06/2011
Decision Date:	04/04/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 40-year-old male who reported an injury on 09/06/2011 due to continuous trauma while performing normal job duties. The patient ultimately developed chronic low back pain and knee pain. The patient underwent surgical intervention for the left knee in 06/2011. The patient was treated conservatively for his low back pain with anti-inflammatory medications, physical therapy and epidural steroid injections that provided minimal improvements. The patient's most recent clinical examination findings included tenderness to palpation over the paraspinous process with no evidence of radiculopathy as the patient had intact sensation in all dermatomes and bilateral and equal reflexes with a negative straight leg raise test. The patient's diagnoses included status post left knee arthroscopy with no significant improvement and lumbago. The patient's treatment plan included the continuation of conservative treatment of the lumbar spine as the patient did not want surgery and the recommendation that the patient had reached Maximum Medical Improvement of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition)-Disability Duration Guidelines

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

Decision rationale: The requested gabapentin 300 mg #60 is not medically necessary or appropriate. The MTUS guidelines recommend the use of anticonvulsants for patients who have documentation of neuropathic-related pain. The clinical documentation submitted for review does indicate that the employee has persistent low back pain. However, there was no evidence of neuropathic pain (pain due to nerve damage) provided within the employee's most recent physical examination findings. The employee has a negative straight leg raise test and has normal sensation in all dermatomes and normal motor strength in the bilateral lower extremities. Therefore, the need for a medication to treat pain related to nerve damage is not clearly indicated. As such, the requested gabapentin 300 mg #60 is not medically necessary or appropriate.