

Case Number:	CM14-0007342		
Date Assigned:	02/10/2014	Date of Injury:	07/26/2010
Decision Date:	07/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/20/2014

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 Occupational 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 60-year-old male patient with a 7/26/10 date of injury. He injured himself when he stood off his seat and struck his right knee against the metal fair box, causing him to have an immediate onset of mild pain. A 12/4/13 progress report indicated that the patient complained of occasional pain in the right knee that increased with walking and standing more than 30 minutes, flexing and extending the knee, and climbing or descending stairs. The patient reported that because of overcompensation of the knees, he experienced pain in the lower back. The patient reported that his pain level ranges 5-7/10 without medication and 2-3/10 with medication. Physical exam revealed positive McMurray's sign of the right knee. Flexion was 100 degrees, extension was 0 degrees. There was tenderness in the patellar tendon. He was diagnosed with lumbar spine herniated nucleus pulposus and right knee musculoligamentous injury, status post-surgery. Treatment included medication management and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 300MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, there was documentation regarding patient's significant pain relief with medication. In addition, he was diagnosed with herniated nucleus pulposus, which caused neuropathic pain. The guidelines support Gabapentin as a first line treatment for neuropathic pain. Therefore, the request for Gabapentin 300 mg #60 was medically necessary.