

Case Number:	CM14-0101261		
Date Assigned:	07/30/2014	Date of Injury:	03/15/2012
Decision Date:	10/01/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53-year-old female was reportedly injured on 3/15/2012. The mechanism of injury was not listed. The most recent progress notes, dated 6/12/2014 and 8/1/2014, indicate that there were ongoing complaints of left knee pain and low back pain radiating to the legs. Physical examination demonstrated left knee medial joint line tenderness with painful range motion, positive patellar compression test and quadriceps weakness with a positive left SLR. No recent diagnostic imaging studies available for review. Diagnoses: Internal derangement knee and lumbar radiculitis. Previous treatment included Motrin, Tramadol, Protonix and gabapentin. A request had been made for gabapentin 300 mg #90, which was not certified in the utilization review on 6/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 16-20, 49.

Decision rationale: MTUS Treatment Guidelines recommend gabapentin for the first-line treatment for neuropathic pain. Review, of the available medical records, fails to document any objective clinical documentation of neurological deficits, neuropathy or radiculopathy (nerve root injury). Furthermore, there are no diagnostic imaging or electrodiagnostic studies available for review. As such, this request for gabapentin is not medically necessary.