

Case Number:	CM14-0104454		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2010
Decision Date:	10/07/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal 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:

The injured worker is a 69 year old female injured on 05/04/10 to the right knee, the front of her leg, and top of her foot. The mechanism of injury is noted as a fall, when a visually impaired student caught her right foot with her cane, the injured worker hit the cement. The injured worker underwent open reduction internal fixation (ORIF) of right patella and arthroscopy for patellar fracture and status post right ankle surgery with degenerative joint disease to the right knee. Diagnosis included status post patellar fracture and chondromalacia of the patella and femoral condyle to the right knee. The injured worker reported previous corticosteroid injections received in 03/14 relieved pain approximately forty percent. Clinical note dated 06/03/14 indicated the injured worker presented complaining of worsening chronic pain to the right knee. Objective findings included crepitation through range of motion, tenderness to patella with mild effusion, tenderness to medial and lateral joint lines, no instability, and neurovascular intact distal to affected site. The injured worker previously received series of five Supartz injections without benefit. Medications included Oxycodone 5 milligrams and Ambien 10 milligrams. The initial request for Gabapentin quantity 240 was denied on 07/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs - AEDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin) Page(s): 49.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. Additionally, there is no documentation regarding the initiation/prescribing of this medication in the documentation provided. As such, the request for Gabapentin quantity 240 is not medically necessary and appropriate.