

Case Number:	CM14-0016457		
Date Assigned:	04/11/2014	Date of Injury:	02/14/1995
Decision Date:	05/29/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 78-year-old female who was injured on February 14, 1995, when she slipped and fell at work. The patient's history included cervical strain, right rotator cuff injury, lumbosacral disc disease, and right knee osteoarthritis. The patient continued to experience pain in her right knee. Physical examination was notable for full range of motion in the right knee and tenderness to the right foot by palpation. Diagnosis was status post right total knee arthroplasty. Treatment included total knee arthroplasty on October 5 2012, medications, and physical therapy. The patient was receiving opioid medications and was not obtaining analgesia. Gabapentin was prescribed on January 9, 2014. A request for authorization of Gabapentin 300 mg # 90 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF GABAPENTIN 300MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: Gabapentin is an antiepileptic medication. Antiepileptic medications are recommended for neuropathic pain. There is a lack of evidence to demonstrate that antiepileptic drugs are effective for myofascial or somatic pain. Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated. Common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, and dry mouth. It is recommended as a trial for spinal cord injury, chronic regional pain syndrome, fibromyalgia, and lumbar spinal stenosis. In this case the documentation does not support that the patient is experiencing neuropathic pain. In addition the patient is not suffering from the conditions for which Gabapentin has been found to have some effectiveness. Medical necessity has not been established. The request is not medically necessary and appropriate.