

Case Number:	CM14-0018816		
Date Assigned:	04/23/2014	Date of Injury:	09/26/2006
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/14/2014

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 Family Practice, and is licensed to practice in North Carolina. 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 claimant is a 54 yo man with original date of injury of 9/26/2006 who is certified for left knee pain. He had left knee arthroscopy and meniscectomy on 2/26/2007 and repeat left knee arthroscopy and meniscal intervention on 9/1/2009. He has had steroid injection of left knee and has had physical therapy for same. Electrodiagnostic nerve and muscle studies were negative. He is currently treated with narcotic pain medication and gabapentin for ongoing left knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 300MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN (NEURONTIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 2, 18,19.

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain with no evidence or documentation to

suggest that the pain is neuropathic. It is not prescribed in the immediate post-operative period and therefore is not medically necessary.