

Case Number:	CM14-0019838		
Date Assigned:	04/30/2014	Date of Injury:	02/16/2011
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 36 year old male who reported an injury on 02/06/2011 secondary to a fall. The clinical note dated 01/06/2014 reported the injured worker complained of right knee pain and swelling which he reported was worse after prolonged walking. The injured worker reportedly stated he was doing aquatic physical therapy which helped with range of motion. He rated his pain at an 8/10. The physical examination reported the injured worker had stiffness and anterior tenderness to the right knee, as well as limited range of motion and a limp when ambulating and he received his fifth Hyalgan injection on during this visit. The x-rays taken of the right knee and right tibia showed no increase of osteoarthritis. The diagnoses included osteoarthritis of the knee and pain in the lower leg joint and treatment included recommendation to continue aquatic therapy to help regain strength and mobility. He was prescribed Hydrocodone, Cyclobenzaprine, Diclofenac, Pantoprazole, Dyotin and Midazolam. The request for authorization was submitted on 01/16/2014. A clear rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYOTIN 250-10 MG CAPSULE (GABAPENTIN) #60: Upheld

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
GABAPENTIN Page(s): 49.

Decision rationale: The request for Dyotin 250-10mg capsule (Gabapentin) is not medically necessary. The injured worker has a history of osteoarthritis, pain and swelling to the right knee. The CA MTUS Guidelines state Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical information, included for review, shows the injured worker complained of right knee pain and swelling which worsened with prolonged walking. The guidelines recommend Gabapentin for first line treatment of neuropathic pain and the clinical documentation failed to provide evidence of neuropathic pain, to include radiating pain with numbness and tingling. Therefore, the request for Dyotin 250-10mg capsule (Gabapentin) is not medically necessary.