

Case Number:	CM14-0161734		
Date Assigned:	10/07/2014	Date of Injury:	01/05/2009
Decision Date:	11/26/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 Internal 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 claimant is a 36 yo male who sustained an industrial injury on 01/05/2009. The mechanism of injury was he fell from a ladder injuring his right knee. His diagnosis is right knee pain secondary to internal derangement s/p right knee arthroscopic surgery. He continues to complain of right knee pain described as 7-8/10 without medications. Physical exam reveals limitations in flexion and extension of the right knee. Treatment in addition to surgery has included medications Norco, Cymbalta, Relafen, Neurontin Ducoprene, and bio freeze topical gel. The treating provider has requested Neurontin 100mg # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Page(s): 13.

Decision rationale: The recommended medication, Gabapentin is not medically necessary for the treatment of the patient's condition. Per the documentation there is no evidence that the claimant has neuropathic pain. Per California MTUS Guidelines 2009 antiepilepsy medications

are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. There is no documentation provided indicating the claimant has neuropathic pain. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.