

Case Number:	CM14-0173886		
Date Assigned:	10/27/2014	Date of Injury:	09/26/2006
Decision Date:	12/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/21/2014

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 54 yo male who sustained an industrial injury on 09/26/2006. The mechanism of injury occurred when he was holding a hose. The hose was tugged and he fell on his left knee. His diagnoses include left knee pain, abdominal pain, low back pain, joint pain-pelvis, mood disorder, and carpal tunnel syndrome. He continues to complain of left knee and low back pain. On physical exam there is decreased range of motion of the left knee with pain. There is pain with knee extension and the patellar grind test is positive. Range of motion of the lumbar spine revealed flexion limited to 65 degrees with pain and positive straight leg raise on the left with sacroiliac tenderness to palpation. Treatment has consisted of medical therapy with Norco, Lidoderm patch, Zolpidem, Gabapentin, Baclofen, Phenergan, Omeprazole and Colace. The treating provider has requested Gabapentin 300mg -2 in the morning, 2 in the afternoon and 2 at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg - 2 in the morning, 2 in the afternoon, 2 at bedtime; #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; Opioids-Hydrocodone; Opioids, Criteria for use; Anti. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain--Antiemetics (for opioid nausea), Zolpidem. Thompson Micromedex.

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

Decision rationale: The requested medication, Gabapentin is medically necessary for the treatment of the patient's condition. Per the documentation he has neuropathic pain on the basis of the diagnosis of chronic low back pain. The medication is part of his medical regimen and 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. The patient has been prescribed the medication and the medical record documents a positive response. Medical necessity for the requested item has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.