

<b>Case Number:</b>	CM14-0048599		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 42-year-old female was reportedly injured on April 22, 2009. The most recent progress note, dated May 23, 2014, indicated that there were ongoing complaints of right knee pain, right elbow pain, and right wrist pain. The physical examination demonstrated tenderness along the medial joint line of the right knee as well as the medial patella femoral region. Knee range of motion was from 0 to 110. There was also tenderness at the ulnar nerve of the right elbow. Diagnostic imaging studies showed arthritic changes of the right knee. Previous treatment included physical therapy, a Hyalgan injection, an elbow sleeve, braces, use of a TENS unit, and oral medications. A request had been made for EMG studies of the bilateral lower extremities, gabapentin 600 mg and was not certified in the pre-authorization process on March 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The injured employee does not have any abnormal neurological findings of the lower extremities on physical examination. As such, this request for EMG studies of the bilateral lower extremities is not medically necessary.

**Retrospective request for Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs- also referred to as anti-convulsants).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20,.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request for gabapentin is not medically necessary.

**Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs- also referred to as anti-convulsants).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20,.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request for gabapentin is not medically necessary.