

Case Number:	CM14-0059104		
Date Assigned:	07/09/2014	Date of Injury:	09/09/2009
Decision Date:	09/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 59-year-old female who reported an injury on 9/9/2009 to her right knee and low back. The mechanism of injury is undisclosed. The utilization review dated 04/25/14 indicated the injured worker complaining of right knee pain with associated stiffness and weakness. The injured worker also reported low back pain. The request for Gabapentin resulted in a denial as insufficient information was submitted confirming neuropathic findings as the injured worker as no information was submitted regarding subjective complaints of supported with objective findings upon exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (gabapentin) 600mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The use of Gabapentin is indicated for the treatment of neuropathic pain. The submitted clinical documentation fails to establish the presence of objective findings consistent with neuropathy. Without the necessary information in place, the use of this

medication has not been established. As such, the request for Gabapentin is not recommended as medically necessary.