

Case Number:	CM14-0063761		
Date Assigned:	07/11/2014	Date of Injury:	01/10/2006
Decision Date:	08/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/06/2014

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 Management 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:

According to the records made available for review, this is a 63-year-old female with a 1/10/06 date of injury, and status post left knee arthroscopy 2/16/13. At the time (4/30/14) of request for authorization for gabapentin 100% PA #120, there is documentation of subjective (bilateral knee pain) and objective (no significant change) findings, current diagnoses (chronic bilateral knee pain with history of left knee arthroscopic surgery in February 2013), and treatment to date (physical therapy, acupuncture, medications, knee steroid injection, viscosupplementation, and exercises).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100% PA #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs (Updated 04/10/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that gabapentin and other anti-epilepsy drugs are not recommended for topical applications.

Therefore, based on guidelines and a review of the evidence, the request for gabapentin 100% PA #120 is not medically necessary.