

<b>Case Number:</b>	CM14-0072826		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/27/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, leg, and hand pain reportedly associated with an industrial injury of January 27, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; adjuvant medications; earlier knee surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated April 18, 2014, the claims administrator failed to approve a request for Gabapentin. The applicant's attorney subsequently appealed. In a July 11, 2014 progress note, the applicant presented with bilateral knee and hand pain, 5-8/10. The applicant denied any symptoms of paresthesias, numbness, tingling, or weakness, it was stated. The applicant was given refills of Naprosyn, Prilosec, Tramadol, Triamterene-Hydrochlorothiazide, Zocor, Gabapentin cream, and a cyclobenzaprine cream. The applicant was placed off of work, on total temporary disability. On April 2, 2014, the applicant presented with multifocal bilateral knee and bilateral foot pain, ranging from 7-9/10. Low back pain complaints were also noted. The applicant was not working, it was stated. The applicant was given permanent work restrictions. The applicant's medication list was not discussed on this occasion. On February 21, 2014, the applicant was given refills of Naprosyn, Prilosec, Tramadol, Triamterene, Zocor, Gabapentin, and Ketoprofen. Pain ranging from 4-9/10 was noted. There was no discussion of medication efficacy on this occasion, either.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

**Decision rationale:** The request in question does represent a renewal request. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, the applicant continues to report pain complaints as high as 7-9/10, despite ongoing Gabapentin usage. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including other prescriptions such as Naprosyn and Tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Gabapentin. Therefore, the request is not medically necessary.