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| Case Number: | CM14-0076555 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 05/10/2009 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/27/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 58-year-old female who reported an injury of unknown mechanism on 05/10/2009. On 12/05/2013, her diagnoses included status post left knee arthroscopy done on 07/08/2011, lumbosacral intervertebral disc displacement without myelopathy, lumbosacral radiculitis/neuritis, right knee patellar tendinitis, and bilateral knee internal derangement. She complained of chronic stomach and GI pain, sleeping difficulties, and depression. She stated that she had a slight improvement, less pain and more movement since the evaluation performed a month earlier but she still had severe back, bilateral knee, and lower extremity pain. She stated that taking her pain and anti-inflammatory medications only helped relieve the painful symptoms temporarily. The medications she had been taking were not identified in any of the submitted documentation. There was no rationale or request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trail of Gabapentin.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Anti-epilepsy Drugs: Gabapentin (Neurontin)
Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), and Gabapentin (Neurontin) Page(s): 16-22, 49.

Decision rationale: This request for trial of gabapentin is not medically necessary. Per the California MTUS Guidelines, anti-epilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation regarding this injured worker's pharmacological therapy is incomplete. The need for a trial of gabapentin has not been clearly demonstrated. Therefore, this request for trial of gabapentin is not medically necessary.