

<b>Case Number:</b>	CM14-0202746		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Rehabilitation, 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's original date of injury was October 2, 2013. The injured worker's diagnoses include chronic knee pain, joint derangement of the lower leg, and chronic pain syndrome. The disputed issue is a request for gabapentin. A progress note from 11/17/2014 had documented the request for gabapentin 300mg po bid for "nerve pain." The patient has been trialed on NSAID medications. There is a history of gastritis for this worker. A utilization review determination on November 26, 2014 had noncertified this request. The utilization reviewer felt that the documentation did not identify diagnosis consistent with neuropathic pain, and therefore become gabapentin was not warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. The

disputed issue is a request for gabapentin. A progress note from 11/17/2014 had documented the request for gabapentin 300mg po bid for "nerve pain." Within the documentation available for review, there is no identification of any specific neuropathic pain state. The right knee chronic pain appears to be musculoskeletal in nature, which would result in nociceptive pain. No explanation of what type of industrially related neuropathic pain is present in this worker could be found in the submitted documentation. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.