

<b>Case Number:</b>	CM14-0203988		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	03/18/2003
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Rehab, 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:

This is a patient with a date of injury of March 18, 2003. A utilization review determination dated December 1, 2014 recommends denial of Gabapentin. Denial is recommended due to lack of findings of neuropathy on physical examination. A progress report dated November 18, 2014 identifies subjective complaints of ongoing pain and discomfort in the right knee. She is able to ambulate with full weight bearing on the right knee. Current medications include Ibuprofen, Omeprazole, and Gabapentin. Physical examination reveals fullness around the right knee with no definite effusion. Diagnosis is right knee joint replacement and revision. The treatment plan recommends continuing current medications and continue range of motion and strengthening exercises. An Agreed Medical Re-examination dated September 11, 2014 indicates that the patient has complaints of pain in her low back there radiates distally to both legs. The patient notes a mild to moderate impairment of sensory function. Physical examination findings reveal restricted range of motion in the lumbar spine with decreased strength in both lower extremities and normal sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

**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. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.