

Case Number:	CM15-0145122		
Date Assigned:	08/06/2015	Date of Injury:	12/30/2004
Decision Date:	09/23/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 50-year-old female, who sustained an industrial injury on December 30, 2004. The injured worker was diagnosed as having status post lumbar fusion, chronic bilateral knee pain status post left knee arthropathy; status post left knee surgery, and chronic lumbar radiculopathy. Treatments and evaluations to date have included activity modification, left knee surgery, physical therapy, and medication. Currently, the injured worker reports mid-level low back pain and low back pain and bilateral knee pain. The most recent Primary Treating Physician's report provided for review dated February 4, 2015, noted the injured worker reported the pain level at 5-6 out of 10 most of the time, and 10 out of 10 without medications, noticing more left knee pain. The physical examination was noted to show the injured worker with persistent back and leg pain, with sciatic tension to the right lower extremity, a tender left knee joint line, and positive straight leg raise to 70 degrees bilaterally. The treatment plan was noted to include reevaluation every six months for medication refills, a chemistry panel, requests for authorization for a TENS unit and lumbar epidural steroid injection (ESI) bilaterally at L5-S1, medications including Norco, Celebrex, Prilosec, Pristiq, and Klonopin. The injured worker was noted to remain permanent and stationary. On June 15, 2015, a prescription was written for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg quantity 90 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, pp. 16-22 Page(s): 16-19.

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, although there was sufficient history to warrant trial of gabapentin based on the history of chronic lumbar radiculopathy, there was insufficient records presented for review, which described in detail the effectiveness of gabapentin use in the past or set baseline functional and pain status notes to compare with. Without this information present in the notes, this request for gabapentin will be regarded as medically unnecessary at this time.