

Case Number:	CM15-0168491		
Date Assigned:	09/09/2015	Date of Injury:	03/18/2003
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old female, who sustained an industrial-work injury on 3-18-03. A review of the medical records indicates that the injured worker is undergoing treatment for aftercare of joint replacement, internal derangement right knee, arthropathy right knee, knee joint replacement left knee, knee joint replacement right knee revision, lumbar disc degeneration and history of hypertension. The physical exam dated 2-10-15 reveals that the injured worker has discomfort with standing and walking in her right knee. The walking tolerance and distance is limited. She continues to do well with the left knee replacement with no complaints of pain. The physician notes that the clinical symptoms are related to the lumbar spine. The right knee flexion is 0-105 degrees. There is aching discomfort of the right knee especially with weight bearing and ambulation. She uses a motorized scooter for ongoing back problems. Treatment to date has included pain medication, gabapentin for at least 6 months, bilateral knee surgery, physical therapy, motorized scooter and other modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 16, 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), p16-18.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2003 and continues to be treated for right knee pain and low back pain including a diagnosis of post laminectomy syndrome. She has a history of multiple knee surgeries including a right total knee replacement complicated by infection. When seen, she was having intermittent low back pain with radiating symptoms into the legs. She was having pain with weight bearing and was using a walker and power wheelchair. Physical examination findings included decreased lumbar spine range of motion with muscle spasms. There was decreased lower extremity strength. There was decreased knee range of motion with mild instability. Medications include Neurontin being prescribed at a dose of 800 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended and no titration was being planned. Ongoing prescribing at this dose is not medically necessary.