

Case Number:	CM15-0197536		
Date Assigned:	10/13/2015	Date of Injury:	01/22/2003
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 69 year old male, who sustained an industrial injury on 01-22-2003. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right knee injury, arthritis of the knee, depression and insomnia. Medical records (02-17-2015 to 05-19-2015) indicate ongoing right knee pain. Pain levels were 5-9 out of 10 on a visual analog scale (VAS). Records also indicate no ongoing improvement in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The latest physical exam (available for review), dated 05-19-2015, revealed mildly decreased strength in the right quadriceps, and decreased flexion and extension strength in the right lower extremity. Relevant treatments have included: right knee replacement (2003), left knee replacement (2013), physical therapy (PT), aquatic therapy, chiropractic manipulation, psychological treatments, work restrictions, and medications (gabapentin since at least 09-2014). The PR indicates that gabapentin controls about 80% of the IW's neuropathic pain. The request for authorization (09-14-2015) shows that the following medication was requested: gabapentin 300mg #360 with 1 refill. The original utilization review (09-29-2015) partially approved the request for gabapentin 300mg #360 with 1 refill (modified to no refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #360 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Guidelines recommend gabapentin for treating diabetic painful neuropathy and post herpetic neuralgia. It may also be used as a first line treatment for neuropathic pain. Continued use of gabapentin is recommended if there is adequate response to pain. In this case, the patient is not documented as having neuropathic pain. Thus the request for gabapentin 300 mg #360 with 1 refill is not medically necessary.