

Case Number:	CM15-0208183		
Date Assigned:	10/27/2015	Date of Injury:	10/11/2013
Decision Date:	12/11/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/22/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 41 year old male, who sustained an industrial injury on 10/11/2013. Diagnoses include left knee PCL tear status post surgery on 8-22-14, and lumbar sprain-strain versus lumbar disc disease. Treatments to date include activity modification, physical therapy, and medication therapy. On 4-20-15, he complained of left knee pain and weakness status post left knee arthroscopy completed on 8-22-14. The physical examination documented decreased lumbar range of motion, and positive left knee findings. A lumbar spine MRI dated 12-22-14, revealed an annual tear at left L1-2, right L4-5 and right L5-S1. The plan of care included continuation of Gabapentin 100mg 1-2 tablets daily 360 with refills. On 9-29-15, he continued to complain about left knee symptoms. There were no new physical findings documented. There was no documentation regarding neuropathic pain or effectiveness of medication on reducing symptoms or increasing functional ability. The plan of care included refill for Gabapentin 300mg, 1-2 tablets daily #60 with 3 refills. The appeal requested authorization for Gabapentin 300mg capsules #60 with three (3) refills. The Utilization Review dated 10-8-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin cap 300mg #60 with 3 refills: 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: Gabapentin is a medication in the anti-epilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted documentation indicated the worker was experiencing left knee pain with occasional swelling and locking and numbness and tingling in the foreleg. The recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines. Further, the request was for a large amount of medication, which would not allow for changes in the worker's care needs. For these reasons, the current request for 60 capsules of gabapentin 300mg with three refills is not medically necessary. A wean would not be necessary as this medication was not yet started, and if it had, in light of the above medical concerns, a rapid taper over a short amount of time would be appropriate.