

Case Number:	CM15-0027414		
Date Assigned:	02/19/2015	Date of Injury:	09/09/1997
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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: Arizona, California, Florida
 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 58-year-old male who reported an injury on 09/09/1997. The mechanism of injury was not provided. The diagnoses included low back pain with lumbar degenerative disc disease, spondylosis, and severe spinal stenosis at L5-S1, bilateral foraminal stenosis at L4-5 and L5-S1 on MRI, left knee pain, and a history of left knee partial replacement. The injured worker's pain was noted to be 10/10 without medications, and 6/10 with medications. The documentation of 01/15/2015, revealed the injured worker's pain was aggravated by sitting. The physical examination revealed the injured worker was ambulating independently. The treatment plan included x-rays and a bone scan for the left knee. Additionally, the treatment plan included Pennsaid, acupuncture, and gabapentin. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #90, one TID with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain of at least 30% to 50%. However, there was a lack of documentation of objective functional improvement. Given the above, and the lack of documentation, the request for gabapentin 600 mg, #90, 1 three times a day with no refills, is not medically necessary.