

Case Number:	CM15-0052196		
Date Assigned:	03/25/2015	Date of Injury:	02/05/2003
Decision Date:	05/01/2015	UR Denial Date:	02/22/2015
Priority:	Standard	Application Received:	03/19/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old female, who sustained an industrial injury on February 5, 2003. The injured worker had reported a right foot, knee and ankle injury. The diagnoses have included right patellofemoral syndrome/chondromalacia patella, complex regional pain syndrome, lumbar strain with degenerative disc disease and right sacroiliitis as a result of compensatory consequence of the right foot, ankle and knee injuries. Treatment to date has included medications, radiological studies, knee brace and multiple right foot surgeries. Current documentation dated February 9, 2015 notes that the injured worker reported doing better in regards to the right knee and ankle pain. She noted the Lidoderm patches were helping significantly with the pain. Physical examination of the lower extremity revealed improved range of motion, tenderness to palpation and a negative straight leg raise test. Examination of the right knee revealed tenderness of the anterior knee and patella. Special knee testing was negative. Examination of the right ankle revealed tenderness to palpation and a mildly restricted range of motion. Mild hypersensitivity to pinprick was noted in the right foot. The treating physician's plan of care included a request for the medication Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." While the patient has documented neuropathic pain, the patient described drowsiness while taking Gabapentin 300 mg once a day. Therefore, it is unclear why the treating physician is doubling the dose to 300 mg once every 12 hours. As such, the request for Gabapentin 300 mg Qty 60 is not medically necessary.