

Case Number:	CM15-0087853		
Date Assigned:	05/12/2015	Date of Injury:	09/02/2001
Decision Date:	06/17/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 female, who sustained an industrial injury on 9/2/2001. The mechanism of injury is not indicated. The injured worker was diagnosed as having after joint replacement, infective arthropathy of right knee, right total knee replacement, left knee joint replacement, right knee joint replacement revision, and lumbar/sacral disc degeneration. Treatment to date has included medications, x-ray, bilateral knee surgeries, and lumbar surgeries. The request is for Gabapentin. On 12/19/2014, the record indicates that she was placed on Gabapentin to control neurogenic pain from chronic neuropathy. The physical examination on this date is noted to be not applicable. The treatment plan included renewing prescription for Gabapentin. On 12/30/2014, she is noted to have an unchanged condition. She complained of low back problems for which she is utilizing a scooter. The record indicates she is receiving a prescription for Neurontin and indicated that the issues for this prescription have been resolved. The treatment plan included Cephalexin for dental infection, continuation of the present medications, and Tramadol. The current medications listed are Cephalexin and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400 mg #60 (day supply 30) with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19.

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

Decision rationale: MTUS supports that Gabapentin is recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). The medical records provided for review do not indicate the presence of neuropathic pain condition for which MTUS supports treatment with gabapentin. Therefore, the request is not medically necessary.