

Case Number:	CM14-0115123		
Date Assigned:	09/26/2014	Date of Injury:	02/16/2011
Decision Date:	10/28/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is male with a 2-16-2011 date of injury. A specific mechanism of injury was not described. 7/10/14 determination was non-certified given that Neurontin was not supported to treat knee pain per evidence based guidelines. 7/16/14 medical report identified a knee pain of 8/10, left worse than right. The patient also admitted to frequent numbness and tingling. The patient also complained of pain in the foot with standing and walking. The pain wakes him up at night. Exam revealed no acute distress, bilateral lower extremities extended to 180 degrees and flexes to 110 degrees. Diagnoses included internal derangement of the knee on the right s/p surgical intervention. Grade III chondromalacia along the joint line noted medially along the trochlea. Internal derangement of the knee and left foot. Discogenic lumbar condition for which no diagnostics have been done. Weight gain of 45 pounds. Element of depression, anxiety, sleep disorder, and sexual dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (Gabapentin 600mg) Scored Tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drug (AEDs) Gabapentin Page(s): 16-17.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is insufficient documentation to substantiate the need for this medication. While the patient refers numbness and tingling, there is no further delineation on these symptoms, including pain in a radicular pattern. In addition, there were no objective findings corroborating such complaints. There is no clear indication that the patient's pain is neuropathic in nature. There was a diagnosis of a discogenic lumbar condition for which no diagnostics have been done. Considering this, the medical necessity was not substantiated.