

Case Number:	CM14-0165647		
Date Assigned:	10/13/2014	Date of Injury:	04/18/2005
Decision Date:	11/14/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/08/2014

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 Orthopedic Surgery 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:

The injured worker is a 56 year old male claimant with an industrial injury dated 04/18/05. The patient is status post a micro-discectomy and internal derangement of the knee. Exam note 09/10/14 states the patient returns with low back pain. The patient rates the pain a 4-5/10 with constant numbness in the left leg. The patient also experiences knee pain in which he rates a 7/10 including swelling and the knees giving out. Upon physical exam the patient demonstrates a limp favoring the left and tenderness of the lumbar paravertebral muscles. Also the patient had a positive sitting root bilaterally more on the left with intact deep tendon reflexes and lower extremity strength. Treatment includes gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs), Neurontin (Gabapentin).

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

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and post-herpetic

neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 9/10/14 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established and the case is considered not medically necessary.