

Case Number:	CM15-0010295		
Date Assigned:	01/27/2015	Date of Injury:	10/20/2006
Decision Date:	03/17/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/19/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 61-year-old female who sustained a work related injury October 20, 2006. Past history included hypertension, high cholesterol, and s/p left knee replacement 2009. According to treating physician's encounter report, dated December 22, 2014, the injured worker presented with chronic left knee pain 8/10 without medication, which interferes with sleep and unchanged from previous visit. Arthralgia and joint stiffness noted, left knee. Numbness and tingling were noted of the left upper extremities, not specified. Also, she is able to ambulate without assistive device, antalgic gait favoring left. Diagnoses are documented as osteoarthritis of knee, anxiety state, old medial collateral ligament disruption, psycho-physiologic disorder, and depressive disorder. Treatment plan included continue exercise program, discussion of opioids, urine for drug screening obtained, and reorder of medications including Gabapentin. According to utilization review dated January 7, 2015, the request for Gabapentin 300mg #30 with 2 Refills is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Anti-epilepsy drugs Page(s): 77; 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Pain section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg #30 with 2 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are osteoarthritis of the knee; anxiety state; old medial collateral ligament disruption; psychophysiological disorder; and depressive disorder. Subjectively, the injured worker complains of chronic left knee pain with a history of left knee replacement in 2009. She complains of numbness and tingling in the left upper extremity. She reports taking Neurontin 300 mg with a 50% decrease in pain. She also takes Percocet 10/325 mg. objectively, there was no musculoskeletal or neurologic evaluations in the medical record from December 22, 2014. Gabapentin was first prescribed in a progress note dated June 24, 2014 (the earliest progress note in the record) and is a refill. The exact start date is not known. The documentation does not contain evidence of objective functional improvement to gauge Gabapentin's efficacy. Additionally, the progress note dated December 22, 2014 does not contain a neurologic evaluation to determine objective improvement (neuropathic) changes. Absent clinical documentation with objective functional improvement associated with continued long-term Gabapentin, Gabapentin 300 mg #30 with two refills is not medically necessary.