

Case Number:	CM15-0120137		
Date Assigned:	06/30/2015	Date of Injury:	11/24/2012
Decision Date:	09/01/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on 11/24/2012. She has reported injury to the left knee and low back. The diagnoses have included cervical sprain/strain; lumbar sprain with disc bulging at L3-4, L4-5, L5-S1 broad-based disc protrusion with bilateral lateral recess and neural foraminal narrowing at the three levels; bilateral lumbar facet hypertrophy and arthropathy, L3-4, L4-5, L5-S1; left knee trauma with internal derangement, status post-surgery with residual pain; and left wrist trauma with residual pain. Treatment to date has included medications, injections, diagnostics, chiropractic therapy, physical therapy, and surgical intervention. Medications have included Ultracet and Gabapentin. A progress note from the treating physician, dated 04/27/2015, documented a follow-up visit with the injured worker. The injured worker reported neck pain; severe low back pain; left knee pain; the pain goes to a level of 8/10 on the pain scale when exacerbated usually by any physical activity, prolonged sitting, standing, or bending; the back pain is mostly axial pain; she does have pain in the left knee that appears to be localized to the knee; she does not have radicular symptoms; there is limitation of activities of daily living; and the pain when the medication is taken is reduced from 8/10 to 4-5/10 on the pain scale. Objective findings included decreased lumbar range of motion with 2+ pain at all levels; there is persistent pain on the spinous processes of L4-5, L5-S1 on the midline; pain on the lumbar facets of L3-4, L4-5, L5-S1 bilaterally with facet loading being positive bilaterally; muscle spasm from T12 to L5 of moderate intensity; Patrick Fabere's is positive bilaterally; there is persistent pain in the left knee

in the subpatellar area close to the joint line; McMurray is positive; and lateral and collateral ligaments appear intact. The treatment plan has included the request for Gabapentin #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-18.

Decision rationale: According to the physician report of 4/27/15, this worker has "pain in the left knee that appears to be localized to the knee. She does not have radicular symptoms but axial pain as clearly specified." Gabapentin is an anti-epilepsy drug. According to the MTUS, Anti-epilepsy drugs are recommended for neuropathic pain. They are not recommended for non-neuropathic pain. Gabapentin has been considered as a first-line treatment for neuropathic pain. In this case, however, the workers pain is apparently not neuropathic and therefore, gabapentin is not medically necessary.