

Case Number:	CM15-0121560		
Date Assigned:	07/02/2015	Date of Injury:	07/19/2014
Decision Date:	09/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York

Certification(s)/Specialty: Emergency 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 35-year-old male, with a reported date of injury of 07/19/2014. The mechanism of injury was not indicated. The injured worker's symptoms at the time of the injury included left knee pain. The diagnoses include lower leg derangement and lower leg joint pain. Treatments and evaluation to date have included oral medications, topical pain medication, ACL (anterior cruciate ligament) reconstruction of the left knee on 09/02/2014, physical therapy, and a cane. The diagnostic studies to date have included an MRI of the left knee which showed a tear of the undersurface of the posterior horn and body of the medial meniscus. The medical report dated 06/08/2015 indicates that the injured worker had left knee pain, and used a cane for assistance. He had an ACL reconstruction of the left knee with a poor recovery. The physical examination showed moderate atrophy of the left thigh and left lower leg in comparison to the right; mild swelling of the left knee in comparison to the right; minimal discomfort on palpation, significant limitations with standing or walking on the left leg, inability to fully extend the left knee, and significant restrictions with flexion of the left knee with pain. The injured worker's work status remained temporary total disability. The medical report dated 05/07/2015 indicates that the injured worker had not worked since 03/06/2015 and his work status would remain temporary total disability. Increasing the Gabapentin to three tablets at night for pain and insomnia was discussed. The treating physician requested Gabapentin 100mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) and Gabapentin (Neurontin) Page(s): 16-19 and 49.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Anti-epilepsy drugs are recommended for neuropathic pain. There is no evidence or documentation of neuropathic pain. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The injured worker should be asked at each visit as to whether there has been a change in pain or function. There was no documentation that the injured worker's pain or functional status had been discussed. There was documentation that the injured worker's work status had remained the same since the last visit. It was noted that the Gabapentin had been increased to four a day. Therefore, the request for Gabapentin is not medically necessary.