

Case Number:	CM15-0125660		
Date Assigned:	07/10/2015	Date of Injury:	02/17/2011
Decision Date:	09/22/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 54 year old female, who sustained an industrial injury on 02/17/2011. She has reported subsequent low back, knee and leg pain and was diagnosed with herniated lumbar intervertebral disc, internal derangement of the knee, contusion of the knee and lower leg, sprain/strain of the knee and leg and lumbar radiculopathy. Treatment to date has included medication, physical therapy and surgery. Documentation shows that Gabapentin was prescribed to the injured worker as far back as 11/03/2014 and the dosage was increased to 600 mg three times a day on 01/21/2015 due to continued severe pain. The injured worker was status post total knee arthroplasty on 12/16/2014. In a progress note dated 05/11/2015, the injured worker complained of 7-8/10 low back pain. Medications were noted to provide some temporary partial relief but relief was noted to be minimal. Objective findings were notable for a 10 inch surgical scar to the anterior knee with mild diffuse swelling, diffuse anterior 1+ tenderness to palpation of the right knee, 3+ tenderness to palpation and hypertonicity of the lumbar paraspinal musculature and quadratus lumborum muscles, decreased range of motion of the lumbar spine and pain with range of motion. A request for authorization of Gabapentin 600 mg quantity of 90 with 2 refills, 1 tablet by mouth three times daily was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg Qty 90 with 2 refills, 1 tab by mouth 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16, 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: As per CA MTUS guidelines, anti-epileptic drugs are recommended for neuropathic pain. A good response has been defined as 50% reduction in pain and a moderate response has been defined as a 30% reduction in pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and is considered a first line treatment for neuropathic pain. As per MTUS, "after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted shows that Gabapentin had been prescribed to the injured worker as far back as 11/03/2014 and the dosage was increased to 600 mg three times a day on 01/21/2015 due to continued severe pain. There was no documentation of significant pain reduction, objective functional improvement or improved quality of life with use of this medication. Pain remained in the severe range at 7-8/10 and progress notes indicated that pain had improved only minimally with the use of medication. Work status remained temporarily totally disabled and there was no documentation of a significant increase in the ability to perform activities of daily living. The request for Gabapentin is not medically necessary by MTUS.