

<b>Case Number:</b>	CM15-0127273		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old male, who sustained an industrial injury on 6/4/13. He has reported initial complaints of a left knee injury. The diagnoses have included pain involving the lower leg, patellofemoral pain, and osteoarthritis of the knee, synovitis of the knee and chronic internal derangement of the knee. Treatment to date has included medications, activity modifications, diagnostics, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 4/24/15, the injured worker complains of knee joint pain and stiffness. He reports that the knee catches during movement, there is a snapping sensation in the knee, clicking sensation in the knee and a grating sensation. He reports that the knee joint feels unstable, the knee suddenly buckled, the knee joint feels out of place, a popping sound was heard in the knee and there is soft tissue pain and bone pain in the knee. The physical findings reveal tenderness on palpation of the left knee, tenderness noted on ambulation of the knees and a thickened synovial membrane was found. The current medications included Gabapentin, Venlafaxine and topical analgesic cream. The urine drug screens dated 3/29/15 and 4/24/15 were inconsistent with the medications prescribed. The physician requested treatment included Gabapentin 300mg #90 on 4/24/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #90 on 4/24/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs Page(s): 16-21.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no documentation of neuropathic pain, and in fact the RFA form indicates that the diagnosis associated with this request is patellofemoral syndrome. Given these factors, the currently requested gabapentin (Neurontin) is not medically necessary.