

Case Number:	CM15-0069977		
Date Assigned:	04/17/2015	Date of Injury:	02/16/2011
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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 49 year old male, who sustained an industrial injury on 2/16/11. He reported pain in his bilateral knees and lower back. The injured worker was diagnosed as having internal derangement of the left knee and foot, grade III chondromalacia and discogenic lumbar condition. Treatment to date has included a knee brace, TENs unit, cortisone injections and pain medications. As of the PR2 dated 3/12/15, the injured worker reports pain in his knees. The treating physician noted tenderness along the left patella as well as the inner joint line and a positive McMurray's test. The treatment plan includes left knee surgery, medications and post-operative physical therapy. The treating physician requested Gabapentin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN TABLETS, 600 MG QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #90 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 internal derangement of the right knee; status post two surgical interventions with a grade II change along the patella, grade II-III along the troclea and grade III along the medial femoral condyle; discogenic lumbar condition; and chronic depression. There are no neuropathic symptoms or signs documented in the medical record. The documentation, according to a March 12, 2015 progress note, shows the treating provider wants to initiate Neurontin (gabapentin) in the preoperative phase. Consequently, absent clinical documentation with neuropathic symptoms and signs with an appropriate clinical indication and rationale, Gabapentin 600 mg #90 is not medically necessary.