

<b>Case Number:</b>	CM15-0072303		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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

### 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 38 year old male, who sustained an industrial/work injury on 6/19/14. He reported initial complaints of low back, left knee, and left lower extremity pain. The injured worker was diagnosed as having a tear to lateral meniscus of knee and lumbosacral joint/ligament sprain. Treatment to date has included medication, physical therapy, orthopedic consultation, chiropractic therapy, knee steroid injection. MRI results were reported on 8/9/14. Currently, the injured worker complains of low back, left knee pain reported as 5/10 on average and 10/10 at worst. Per the orthopedic report on 2/10/15, examination noted tenderness to the medial and lateral joint lines. There is positive McMurray's sign, no gross instability, and deep squatting caused discomfort. Current plan of care included surgical approval, knee brace, and medication renewal. The requested treatments include Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** The patient was injured on 06/19/14 and presents with left knee pain, low back pain, and left hip pain. The request is for GABAPENTIN 300 MG for nerve pain. The RFA is dated 03/18/15 and the patient is on temporary total disability. Regarding antiepileptic (a.k.a. anticonvulsants) drugs for pain, MTUS Guidelines pages 18-19 recommend it for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain." Gabapentin also requires 30% reduction of symptoms. The patient has swelling on his left foot, left lower extremity numbness, spasms/ tenderness to palpation over the lumbar spine paraspinal musculature, and tenderness to palpation over the left lateral patella. He is diagnosed with left knee meniscus tear, lumbosacral sprain/strain compensatory, and myofascial pain syndrome. There is no indication of any neuropathy the patient may have. On 03/18/15, he rated his pain as an 8/10. MTUS page 60 requires the medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Review of one the report provided does not mention how gabapentin has impacted the patient's pain and function. Furthermore, the patient does not presents with neuropathy, as indicated by MTUS guidelines. The requested gabapentin IS NOT medically necessary.