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| Case Number: | CM15-0076169 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 09/27/2004 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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 61-year-old female, who sustained an industrial injury on 9/27/04. The injured worker was diagnosed as having ankle sprain, left knee sprain/strain status post-surgery, chronic pain, myofascial pain and gastritis. Treatment to date has included left knee surgery, oral medications, TENS unit, physical therapy, home exercise program and topical medications. Currently, the injured worker complains of knee pain, left greater than right. The injured worker states LidoPro cream is very helpful and medications and TENS unit help with pain. Physical exam noted decreased range of motion of right knee and mild crepitus in bilateral knees. The treatment plan included request for Naproxen, Omeprazole, Gabapentin Docusate and LidoPro cream and continuation of home exercise program, TENS unit and heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: 1/21/15 Gabapentin 100mg 1 PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy 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 neuropathic pain for which the use of this medication would be indicated, as the patient's pain consists of localized knee pain. As such, the currently requested gabapentin (Neurontin) is not medically necessary.