

Case Number:	CM15-0076347		
Date Assigned:	06/02/2015	Date of Injury:	07/07/1997
Decision Date:	07/02/2015	UR Denial Date:	03/24/2015
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 57 year old male, who sustained an industrial injury on 07/08/1997. He reported multiple industrial injuries. The injured worker was diagnosed as having pain in the joint of the lower leg- left knee, status post total left knee arthroplasty with revision, psychogenic pain not elsewhere classified, and long term use of medications not elsewhere classified. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left knee, medication regimen, physical therapy, and above listed procedures. In a progress note dated 02/23/2015 the treating physician reports complaints of severe left knee pain and right shoulder pain. Examination was revealing for an antalgic gait. The injured worker's current medication regimen included Norco, Diclofenac, Naproxen Sodium, and Gabapentin, however the progress note indicated that the injured worker did not receive Gabapentin following his last visit. The treating physician requested the medication Gabapentin 600mg with a quantity of 60 for use at bedtime to try to assist with the injured worker's neuropathic symptoms and assist with his insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, AEDs 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 a progress note dated 4/9/15 that indicates that gabapentin was never authorized. The requesting provider wishes to utilize this for sleep and neuropathic pain. However, the patient's diagnoses do not clearly indicate a neuropathic pain process such as post-herpetic neuralgia or diabetic neuropathy. Thus, in the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.