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| Case Number: | CM15-0096714 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 07/01/2000 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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: New York

Certification(s)/Specialty: Anesthesiology

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 65 year old male, who sustained an industrial injury on 07-01-2000. He has reported subsequent bilateral knee pain and was diagnosed with degenerative joint disease of the bilateral knees and bilateral knee pain. Treatment to date has included oral and topical pain medication. The only medical documentation submitted consists of 3 brief office visit notes dated 08-13-14, 11-12-2014 and 02-11-15 and a PR2 dated 04-15-15. The injured worker was prescribed Gabapentin for pain since 11-12-2014. In a progress note dated 04-15-2015, the injured worker complained of bilateral knee pain that was noted to have improved. Pain was rated as 8-9 out of 10 on the right and 6-7 out of 10 on the left without medication and 4-5 out of 10 on the right and 4 out of 10 on the left. Objective findings were notable for minimal tenderness over the left knee, bilateral lower extremity antalgic gait and range of motion of the right knee of 0-90 degrees and range of motion of the left knee of 0-100 degrees. The injured worker was noted to be not working but was noted to be able to do some light housework and light yard work with medications. A request for authorization of Gabapentin 300 mg quantity of 180 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: As per CA MTUS guidelines, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain. A good response has been defined as 50% reduction in pain and a moderate response has been defined as a 30% reduction in pain. Gabapentin has been shown as effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and is considered a first line treatment for neuropathic pain. As per MTUS, "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." The documentation submitted shows that Gabapentin had been prescribed to the injured worker as far back as 11/12/2014. The injured worker was noted to have bilateral knee pain secondary to degenerative joint disease and there was no evidence of neuropathic pain. There is no evidence that the injured worker is diagnosed with a condition for which Gabapentin is recommended as per ODG guidelines. Work status remained temporarily totally disabled despite use of the medication and there was no documentation of significant functional improvement with use of the medication. Therefore, the request for Gabapentin is not medically necessary.