

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Independent Medical Review Final Determination Letter**

660  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/30/2013

<b>IMR Case Number:</b>	CM13-0025421	<b>Date of Injury:</b>	08/02/2011
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/16/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
PHARMACY PURCHASE OF GABAPENTIN CAP 300MG #60			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain and knee arthritis reportedly associated with an industrial injury of August 2, 2011.

Thus far, the applicant has been treated with the following: Analgesic medications; prior left knee arthroscopy in 2012; subsequent left total knee arthroplasty on February 5, 2013; MRI imaging of lumbar spine of September 20, 2013, notable for multilevel spondylosis; electrodiagnostic testing of September 17, 2013, notable for bilateral carpal tunnel syndrome; and extensive periods of time off of work.

In the utilization review report of September 4, 2013, the claim administrator denied a request for gabapentin stating that there is no evidence of neuropathic pain so as to support a trail of the same.

In a medical-legal evaluation of September 27, 2013, it is stated that the applicant took retirement from the [REDACTED] on August 23, 2013. It is stated that the applicant reports tingling about the end of the fingers and intermittent low back pain radiating to the legs.

An earlier note of August 24, 2013, is highly template and notable for occasional to frequent complaints of knee pain and stiffness. A mild knee effusion is appreciated with associated tenderness to touch. Recommendation is made for the applicant to employ Neurontin for chronic pain as the applicant is unable to take ibuprofen and Naprosyn has failed. Work restrictions are again endorsed.

## IMR DECISION(S) AND RATIONALE(S)

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

### 1. **Gabapentin 300mg #60 is medically necessary and appropriate.**

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), Chronic Pain, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin), page 49, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin or Neurontin is considered a first-line treatment for neuropathic pain, as is present here. The applicant apparently has low back pain radiating to legs, it appears, and also numbness and tingling about the wrist with electrodiagnostically confirmed carpal tunnel syndrome. Gabapentin is indicated in the treatment of the same.

Therefore, the original utilization review decision is overturned. **The request for Gabapentin 300mg #60 is medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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