

<b>Case Number:</b>	CM13-0016647		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36-year-old male who reported an injury on 02/24/2010 after stepping in a hole. Current diagnoses include ankle sprain, tenosynovitis of the foot and ankle, and fracture of the metatarsal. The injured worker was evaluated on 07/18/2013. Current medications include Neurontin 300 mg. The injured worker reported 2/10 left ankle and foot pain. Physical examination revealed tenderness over the left ankle scar with decreased range of motion of the left foot and ankle. Treatment recommendations included continuation of current medication and replacement foot orthotics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPLACEMENT FOOT ORTHOTICS INCLUDING NEW MEASUREMENTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state rigid orthotics may reduce pain experience during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The injured worker does not

maintain either of the above-mentioned diagnoses. The injured worker does not demonstrate significant instability or significant pain during activity. The medical necessity has not been established.

**NEURONTIN 300MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-18.

**Decision rationale:** California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. There is no evidence of neuropathic pain upon physical examination. The injured worker has utilized Neurontin 300 mg since 01/2013. The medical necessity for the requested medication has not been established. Additionally, there was no frequency listed in the current request. As such, the request is not medically appropriate.