

Case Number:	CM13-0017535		
Date Assigned:	10/11/2013	Date of Injury:	10/06/2011
Decision Date:	01/08/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/28/2013

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 Physical Medicine & Rehabilitation 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. 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 underlying date of injury is 10/06/2011. The reference diagnosis is arthropathy. The treating physician notes reveal that the patient presents with persistent low back pain, mostly in the lumbar with radiation to the left side and also some left upper extremity pain with no help from physical therapy. A TENS unit was noted to have helped. The patient noted that gabapentin helps the neuropathic pain and difficulty sleeping. The patient requested to discontinued nortriptyline. The patient was concerned she would be denied for custom shoe inserts. Overall the patient was diagnosed with left sacroiliitis, lumbar facet arthritis, lumbar degenerative disc disease, and clinically consistent left lumbar radiculopathy. Gabapentin was recommended to be continued for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Medications Page(s): 18.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that gabapentin has been considered as a first-line treatment for neuropathic pain. The medical records in this case outline a clinical diagnosis of probable neuropathic pain and indicate on multiple occasions that the patient reports benefit from this medication for neuropathic type symptoms. The prior peer review indicates that there was no clear documentation of a neuropathic pain diagnosis. There are certainly situations such as radiculitis or small fiber neuropathy where there can be no objective evidence to confirm neuropathic pain. In this case, the clinical description of the pain is consistent with neuropathic pain, and the patient has consistently reported benefit from this medication. Moreover, there is negligible potential for abuse of this medication. Overall, the guidelines and records do reasonably lead to the conclusion that gabapentin has been helpful and is supported by the guidelines. The request for gabapentin 100mg is medically necessary and appropriate.

Flector patches 1.3%, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California Medical Treatment Utilization Schedule states regarding topical anti-inflammatory medications, that the efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The guidelines do not support that this patient has an indication for which a Flector Patch would be indicated chronically. The request for Flector patches is not medically necessary and appropriate.

Custom Fit Shoes, bilateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back.

Decision rationale: The ACOEM guidelines recommend rigid orthotics for various foot diagnoses including metatarsalgia or plantar fasciitis. However, in this case, the request for shoe inserts appears to be with reference to back pain. The ODG states that shoe inserts, are recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods of time. They are not recommended for prevention. A Cochran review concluded that there is strong evidence that insoles are not effective for the prevention of back pain. Overall, the guidelines and medical records do not support an apparent indication of benefit from the requested custom shoe inserts. The request for custom shoe inserts is not medically necessary and appropriate.