MAXIMUS Federal Services

Case Number:	CM13-0022347		
Date Assigned:	11/13/2013	Date of Injury:	02/23/2009
Decision Date:	01/14/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/10/2013

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 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. 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 applicant is a represented [redacted] employee who has filed a claim for chronic ankle pain, chronic foot pain, and reflex sympathetic dystrophy of the lower limb associated with an industrial injury on February 23, 2009. Thus far, the applicant has been treated with the following: analgesic medications, adjuvant medications, topical compounds, muscle relaxants, left peroneal nerve decompression surgery (September 2012), unspecified amounts of physical therapy, a CAM walker, and a lower extremity brace. A September 26, 2013 clinical progress note states that the applicant's usage of medications has resulted in improved performance of activities of daily living, including an improved ability to walk, and improved ability to complete housework and yard work. Neurontin is diminishing episodes of the claimant waking up at night with pain. He continues to report itching and depression. He reports 4/5 left lower extremity strength versus 5/5 right lower extremity strength is noted. The applicant is obese, with a BMI of 36. He exhibits an antalgic gait and surgical scarring about the left ankle. Recommendations have been made for the applicant to continue Flexeril, AcipHex, and Celebrex, and Neurontin is being introduced for neuropathic pain. The applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Gabapentin 600mg, #180: Overturned

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

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

Decision rationale: As noted on page 18 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is recommended in the chronic regional pain syndrome context present here. In this case, the applicant does carry a diagnosis of reflex sympathetic dystrophy/chronic regional pain syndrome of the lower limb, for which Gabapentin is indication. It does appear that the applicant has affected some improved performance of non-work activities of daily living, improved sleep, and diminished pain levels as a result of prior Neurontin usage. Thus, on balance, continuing Neurontin is indicated, as the applicant has demonstrated some functional improvement through prior usage of the same, although it is incidentally noted that the applicant has not returned to work. Nevertheless, the reduction in pain scores and improved performance of activities of daily life do suggest that usage of Neurontin is appropriate in this context.