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| <b>Case Number:</b>   | CM13-0050965 |                              |            |
| <b>Date Assigned:</b> | 04/25/2014   | <b>Date of Injury:</b>       | 04/10/2008 |
| <b>Decision Date:</b> | 05/29/2014   | <b>UR Denial Date:</b>       | 11/08/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/13/2013 |

### 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 Physical Medicine and Rehabilitation, 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 51-year-old male who reported an injury on 04/10/2008, secondary to a fall. The current diagnoses include industrial injury to the left foot and ankle with residual pain, persistent neuritic symptoms and possible tarsal tunnel syndrome, chronic pain syndrome and status post multiple hindfoot and midfoot surgeries. The latest Physician Progress Report submitted for review is documented on 12/04/2013. The injured worker reported persistent pain in the left foot and ankle. The injured worker also reported a lack of response to Neurontin. Physical examination revealed restricted ankle range of motion, diminished sensation along the plantar and lateral aspect of the foot and ankle, positive Tinel's testing, persistent tenderness in the forefoot on the left, and intact sensation. Treatment recommendations at that time included discontinuation of Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LYRICA 300MG #60 WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

**Decision rationale:** The California MTUS guidelines state that Lyrica has been documented to be effective for the treatment of diabetic neuropathy and postherpetic neuralgia, and has been considered first-line treatment for both. The injured worker does not maintain either of the above mentioned diagnoses. There is no evidence of this injured worker's active utilization of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**NEURONTIN:** Upheld

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

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

**Decision rationale:** This is a nonspecific request that does not include the dosage, frequency, or quantity of the medication. Additionally, it was noted on 12/4/13 that the injured worker was to discontinue the use of Neurontin given the lack of response. Therefore, the request is not medically necessary.