

Case Number:	CM13-0054598		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2010
Decision Date:	03/24/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/19/2013

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:

This is a 44 year old patient with a history of injury on 3/15/10. The mechanism of injury was a twist/run over by a cart type of injury. She was initially diagnosed with an ankle sprain. She had persistent symptoms despite time and conservative care, and ended up having surgery in August of 2010. Postoperatively, the patient developed numbness and hypersensitivity. She was made permanent and stationary by an AME on 6/11/13 for diagnoses of post-op reconstruction of the lateral ligaments of the right ankle with a residual neuroma of the sural nerve. On 10/24/13, the patient was evaluated for ongoing neuritis symptoms, and recommendations were made for Gabapentin and Lidoderm. This was submitted to Utilization Review on 11/11/13. Treatment modification was recommended for certification of Gabapentin; however, Lidoderm was not certified. The rationale was that a trial of Gabapentin for neuropathic pain was appropriate; however, Lidoderm is not indicated prior to a trial of a first line agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Gabapentin 600mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Chronic Pain Guidelines do support the use of antiepileptic drugs, such as Gabapentin, for neuropathic pain. A trial of Gabapentin would be considered appropriate for this patient. The request for one prescription of Gabapentin 600mg is medically necessary and appropriate.

1 prescription of Lidoderm patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113.

Decision rationale: The use of Lidoderm is supported by the MTUS Chronic Pain Guidelines for neuropathic pain, but only recommended for use after a trial of a first-line agent, such as Gabapentin. In this case, Gabapentin and Lidoderm were ordered concurrently. There is no medical necessity for Lidoderm prior to completion of a Gabapentin trial. The request for one prescription of Lidoderm patches #30 is not medically necessary and appropriate.