

<b>Case Number:</b>	CM13-0057130		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 has a subspecialty in Interventional Spine 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 52 year-old male with a date of injury of 03/24/2010. The listed diagnoses per [REDACTED] are: 1) Status post left calcaneal fracture with open reduction/internal fixation (03/01/2010). 2) Status post left ankle triple arthrodesis (2012) 3) Status post rotator cuff repair (2010) 4) Status post left elbow radial head implant (2010) 5) Sub clinical finding of left mild carpal tunnel syndrome (2011) According to report dated 11/08/2013 by [REDACTED], the patient presents for a follow up regarding his left ankle/foot complaints. Patient has substantial weight-bearing limitations. On visual analogue scale, he rates his pain at a level of 8/10 without medication and 4/10 with medications. Examination of the left ankle reveals well-healed surgical scar. There is moderate swelling noted in the lateral greater than medial ligament joint line due to the use of a cane. Range of motion is deferred. The patient has a moderate limp. Treater is requesting a trial of Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurotin®), Gabarone®) .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Neurotin,Gabarone). Page(s): 18-19.

**Decision rationale:** This patient presents with for a follow up regarding his left ankle/foot complaints. The treater is requesting a trial of Neurontin 600mg #60 "to decrease nerve sensitivity in hopes to decrease pain medication." The MTUS guidelines pages 18 and 19 has the following regarding gabapentin (Neurontin, Gabarone). "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient does not present with any of the symptoms that are indicated for this medication. This patient is being treated for left ankle/foot fracture, rotator cuff repair and elbow fracture. The patient has only mild, sub-clinical left carpal tunnel syndrome. The patient does not appear to suffer from neuropathic pain. The requested Neurontin is not medically necessary and recommendation is for denial.