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| <b>Case Number:</b>   | CM14-0109383 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 10/03/2013 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 06/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2014 |

### 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 Pain 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 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:

This is a 39-year old female who was injured on 10/3/2013, when a door slammed into her right ankle. She was diagnosed with a possible fracture of the distal fibula. Right ankle MRI in 12/2013 revealed no acute traumatic injury. Mild chronic tendinopathy at the Achilles tendon and peroneus brevis tendon. 7/8/14 Progress note described low back, right knee, right foot and ankle pain. Clinically, there was tenderness at the knee, although motion was satisfactory. There was tenderness along the lumbar spine with loss of motion. Knee flexion on the right side is only 105 degrees with difficulty. Hyalgan injection to the knee was discussed, followed by joint replacement. Flexeril and Voltaren were prescribed. Hyalgan injection was requested. 4/22/14 PQME described 25% improvement in her ankle symptoms but with no improvement in her back and knee. At present, intermittently complains of right ankle pain, with pain score of 8/10. Swelling is also noted as well. Intermittent low back pain as well is experienced, usually at the right side of paraspinals, with pain scores of 6-7/10. Notes numbness and tingling at the back and ankle. She has now also developed an anxiety disorder due the unbearable pain at times. Patient is careful but is able to manage her ACLs. Physical examination revealed right ankle strain, right knee strain and lumbar strain. Treatment to date has included medications, 4-5 sessions of physical therapy were instituted and then stopped when a "clicking" sound was heard. Progress notes dated 10/3/13, 10/5/13, 10/7/13, 10/19/13, 10/30/13, 11/7/13, 11/17/13, 11/23/13, 12/12/13, and 12/16/13 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin (Gabapentin 600mg) score tablets, qty 90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 49, 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

**Decision rationale:** Medical necessity for the requested medication has been established. The patient has a 2013 date of injury, and has continued complaints of pain, despite prior treatment. CA MTUS states that Gabapentin is a first-line treatment option for neuropathic pain. This request previously obtained an adverse determination due to lack of documentation of neuropathic pain. The patient sustained an injury to the foot/ankle and has ongoing pain complaints. There is also pain in the low back. A 4/22/14 QME indicated that the patient was not yet at MMI, and additional treatment was recommended. In order to address ongoing pain complaints, the request for Neurontin (Gabapentin 600mg) score tablets, qty 90 is medically necessary.