

Case Number:	CM14-0016667		
Date Assigned:	04/11/2014	Date of Injury:	08/16/2010
Decision Date:	05/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/10/2014

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 Pain Medicine & 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 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 injured worker is a 40-year-old male who reported an injury on 08/16/2010 secondary to a fall. Current diagnoses include complex region pain syndrome, ankle injury, and degeneration of the lumbar intervertebral disc. The injured worker was evaluated on 01/17/2014. Current medications include gabapentin 300 mg. The injured worker has been previously treated with rest, medications, and 24 sessions of physical therapy, as well as acupuncture. The injured worker reported 9/10 pain. Physical examination revealed edema in the right lower extremity, chronic venous stasis changes in the bilateral lower extremities, cyanosis in the right foot, significant loss of motion in the right ankle, hypoesthesia and temperature changes in the non-dermatomal distribution throughout the right lower extremity, hyperalgesia to palpation over the dorsum of the ankle, and myofascial changes in the lumbar spine with hyperalgesia in the bilateral paraspinous muscles. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 300MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPTIC DRUGS (AEDs) Page(s): 18-19. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 18-19

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPTIC DRUGS (AEDs) Page(s): 16-18.

Decision rationale: The California MTUS Guidelines indicate that antiepileptic drugs are recommended for neuropathic pain. According to the documentation submitted, the injured worker was issued a prescription for gabapentin 300 mg in 11/2013. There is no documentation of objective functional improvement as result of the ongoing use of this medication. There is also no frequency listed in the current request. Therefore, the request is non-certified.