

Case Number:	CM14-0018267		
Date Assigned:	04/16/2014	Date of Injury:	05/30/2008
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 05/30/2008 due to a fall that reportedly caused injury to the right ankle. The injured worker's treatment history included medications, activity modifications, and surgical intervention. The injured worker was evaluated on 12/16/2013. It was documented that the injured worker was ambulating with full weight bearing status with no evidence of motor strength deficits or range of motion restrictions. It is documented that the injured worker's pain had decreased. The injured worker's diagnoses included fibular fracture to the right ankle status post repair of the lateral ligaments of the bilateral ankles, right hip pain, and painful gait. The injured worker's treatment plan included Neurontin and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILYPTICS, 16.

Decision rationale: The requested Neurontin is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of anticonvulsants as a first line medication in the management of chronic pain. However, the clinical documentation submitted for review does not provide an adequate assessment of the injured worker's pain to support the need for medication management. Additionally, the request as it is submitted does not clearly identify a dosage/frequency/quantity. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Neurontin is not medically necessary or appropriate.

TOPICAL MEDICATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111.

Decision rationale: The requested topical medication is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker is using a topical medication; however, there is no identification of this medication. The California Medical Treatment Utilization Schedule states that topical medications are largely experimental and supported by very few randomized controlled studies. Therefore, the use of a topical medication would not be supported without clear justification. Additionally, the request as it is submitted does not clearly define the type of medication, dosage, frequency, or body part that it would be administered to. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested topical medication is not medically necessary or appropriate.