MAXIMUS Federal Services

| Case Number: | CM14-0124761 | | |
|---|---|---|---|
| Date Assigned: | 08/08/2014 | Date of Injury: | 07/26/2006 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 08/06/2014 |

## 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 59 year old female with date of injury 7/26/2006. The mechanism of injury is stated as dropping a heavy object onto her left foot. The injured worker has complained of left foot and ankle pain since the date of injury. She is status post left ankle open reduction and internal fixation surgery. She has also been treated with physical therapy, intrathecal pump and medications. There are no radiographic data included for review. Objective: antalgic gait, decreased range of motion of the lumbar spine. Diagnoses: reflex sympathetic dystropy syndrome of the left lower limb, chronic pain syndrome. Treatment plan and request: Gabapentin, Methadone, Oxycodone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #540:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-seizure.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no

documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.

**Methadone HCL 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 76-85, 88-89.

**Decision rationale:** No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioids' contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Methadone is not indicated as medically necessary.

**Oxycodone HCL 20 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 76-85, 88-89.

**Decision rationale:** No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioids' contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.