

Case Number:	CM14-0130924		
Date Assigned:	08/20/2014	Date of Injury:	04/02/1991
Decision Date:	10/01/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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, has a subspecialty in Pain Medicine 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 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 49 year old male who had related injuries on 04/02/91 while working as a laborer. A long pipe known as a tubin baler abruptly moved when an operator drove over it, catching the right ankle of the injured worker between the tubin baler and flow line. The mechanism of injury is noted as essentially sustained a combined twisting and crush type injury. The injured worker was subsequently diagnosed with sympathetic dystrophy of his right foot in 08/92. He had 14 or 15 epidural sympathetic blocks all attempts at epidural block provided only temporary relief. The injured worker returned to the clinic stating that he felt better but was frustrated by the fact that his medication had been again denied. The main complaint was noted as a burning and tingling in his feet and bilateral hip pain. However he was able to do more housework and yard work. His pain score was 7/10 and averaged 7/10 over the preceding week. Without pain medication pain score was 10/10 and with medications 7/10. Physical examination documented diagnosis lumbar radiculopathy, chronic pain syndrome, right lower extremity reflex sympathetic dystrophy, prescription narcotic dependence, neuropathic pain, chronic pain related insomnia, chronic pain related sexual dysfunction, chronic pain related anxiety, and chronic pain related depression. Prior utilization review on 07/15/14 was certified for Neurontin 800 milligrams #60 times two months. Current request was for Neurontin 800 milligrams #60 times two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800 MG #60 Times Two Months: Overturned

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

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

Decision rationale: The request for Neurontin 800 milligrams # 60 times two months is medically necessary. Current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the continued use of Gabapentin is appropriate and medically necessary.