

Case Number:	CM14-0133010		
Date Assigned:	08/22/2014	Date of Injury:	02/24/2014
Decision Date:	09/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/20/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 42 year old male who reported an injury on 02/24/2014. The mechanism of injury was repetitive stress injury to his left ankle/foot. His diagnosis was plantar fasciitis. On 07/18/2014, he reported that a cortisone injection had not helped. He had a cast for 1 month, he was given shoe inserts, and shoe raisers, but he continued with pain. He had to take Motrin at times to sleep. The X-rays of his left foot were reportedly negative. At the time of the visit he reported left foot/ankle pain that radiated to his left leg. His pain level was 8/10 and explained it was 5/10 on his best day and 10/10 at its worst. The pain was relieved with medications, rest, compression, relaxing, sitting, and elevating affected area. Physical exam findings included numbness/weakness in the left foot and trouble walking. The injured worker reportedly avoids going to work, socializing with friends, physically exercising, performing household chores, and grocery shopping because of the pain. Medications were reported as Naproxen, Motrin 600mg as needed, atenolol 12mg, and atorvastatin 20mg. The surgical history was not provided. The treatment plan was for Methyl Salicylate 15% 2-3 times daily and Neurontin 600mg. The rationale for request was not provided. The request for authorization form was submitted for review on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methyl Selacylale 15% BID to TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

Decision rationale: Based on the clinical information submitted for review, the request for Methyl Salicylate 15% and Neurontin 600mg is not medically necessary. As per the Chronic Pain Medical Treatment Guidelines, salicylate topicals were noted to be significantly better than placebo in chronic pain and are recommended. The injured worker sustained repetitive stress injury to his left ankle/foot. As the guidelines support use of topical salicylates, use of this agent would be appropriate. However, the request does not specify a quantity.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16, 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18-19.

Decision rationale: Based on the clinical information submitted for review, the request for Neurontin 600mg #90 is not medically necessary. As per the Chronic Pain Medical Treatment Guidelines, Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered a first line treatment for neuropathic pain. A trial period is recommended and there should be documentation of change in pain or function. The injured worker sustained repetitive stress injury to his left ankle/foot. He took Motrin and Naproxen at times for pain. The radiology report was negative for a fracture. Physical exam findings noted numbness/weakness in the left foot. The clinical documentation does not provide a detailed pain assessment or evidence of neuropathic pain. Additionally, the request, as submitted, did not specify a frequency of use.