

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0150785 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 06/11/2013 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

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 Emergency Medicine and is licensed to practice in California. 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 28 year-old female, who sustained an injury on June 11, 2013. The mechanism of injury occurred when she twisted her ankle while walking. Diagnostics have included, July 30, 2013 left ankle MRI reported showing tenosynovitis, bursitis with possible posterior tibialis tendon fissure/tear. Treatments have included medications, physical therapy, January 2014 left ankle arthroscopy-tarsal tunnel release-posterior tibial tendon repair, and massage therapy. The current diagnoses are left ankle strain/sprain, tendonitis, status post ligament repair, and low back myofascial pain. The stated purpose of the request for Neurontin 300mg x 90 was not noted. The request for Neurontin 300mg x 90 was denied on August 28, 2014, citing a lack of documentation of painful diabetic neuropathy or post-herpetic neuralgia. Per the report dated August 8, 2014, the treating physician noted complaints of left ankle and low back pain and was unable to tolerate Relafen and Neurontin. There were no changes noted in exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg x 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16 -18, 21.

Decision rationale: Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs, pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage". The injured worker has left ankle and low back pain. The treating physician has documented injured worker intolerance to Neurontin. The treating physician has not documented the presence of radicular pain, physical exam findings indicative of radiculopathy, derived functional improvement from previous use, nor injured worker tolerance to this medication. The criteria noted above has not been met, therefore, the request for Neurontin 300mg x 90 is not medically necessary.