

Case Number:	CM14-0053770		
Date Assigned:	07/07/2014	Date of Injury:	08/16/2010
Decision Date:	08/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/22/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 40 year-old female was reportedly injured on 8/16/2010. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 1/27/2014, indicates that there are ongoing complaints of right foot, right buttock, and low back. The physical examination demonstrated right foot with positive tenderness, 1+ pre-tibial edema, gate limited, and antalgic. Guarded right foot weight-bearing is noted. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medication, and conservative treatment. A request was made for Gabapentin 300 mg #120 and was not certified in the pre-authorization process on 4/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 300MG 1 CAP PO QID FOR 30 DAYS, #120: 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 Page(s): 16-20, 49.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines considers Gabapentin to be a first-line treatment for neuropathic pain associated with diabetic neuropathy

and postherpetic neuralgia. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request is not medically necessary.