

Case Number:	CM14-0062279		
Date Assigned:	07/11/2014	Date of Injury:	07/08/2003
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehab, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/08/03 when he fell from a ladder while working as a manager at a [REDACTED] store sustaining multiple injuries to the neck and back, left shoulder and knee, and right hip, ankle, and foot including a complex ankle fracture treated surgically. There is an internal medicine report dated 07/31/13. It references a previous examination which had documented medical problems of sexual dysfunction, a sleep disorder, hypertension, and stomach problems and that the claimant had been prescribed non-steroidal anti-inflammatory medication in 2004 with subsequent abdominal complaints, blood in the stools and spitting up blood. After he stopped taking the non-steroidal anti-inflammatory medication these problems resolved although he continued to have symptoms of GERD. He was seen by the requesting provider on 02/11/14. He was having soreness and pain with swelling of the right knee and ankle. Pain was radiating proximally and distally and was rated at 8/10. Prior treatments had included medications, injections, and physical therapy. On 04/01/14 he was having ongoing left shoulder and right ankle and foot pain. Pain was again rated at 8/10. Physical examination findings included a height of 5 '10 and weighs 241 pounds. There was decreased range of motion of the right ankle with significant crepitus. There was a diagnosis of posttraumatic arthritis of the right ankle. He was considering undergoing either an ankle joint replacement or ankle fusion. Medications were gabapentin, hydrochlorothiazide, losartan, Ambien, Norco, Soma, Arthrotec, Nexium, and Neurontin 300 mg two times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 300MG BID #60, REFILLS 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant has a history of work-related injury as described above and continues to be treated for pain including pain due to posttraumatic arthritis of the right ankle. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks. In this case, the claimant has pain attributed to past-traumatic arthritis of the right ankle. There is no diagnosis of neuropathic pain and the claimant does not have either a painful diabetic neuropathy or post-herpetic neuralgia. Therefore both the requested dose is not consistent with guideline recommendations and there is no indication for prescribing gabapentin.