

Case Number:	CM14-0194826		
Date Assigned:	12/02/2014	Date of Injury:	09/16/2010
Decision Date:	01/27/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family Practice 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:

52 yr. old male claimant sustained a cumulative work injury from 12/6/02-9/16/10 involving the right foot and left ankle. He was diagnosed with right foot neuroma, left ankle ligament injury and neuritis. He had undergone a ligament repair of the left ankle in 1999. He had an additional history of anxiety and depression. A progress note on 9/8/14 indicated the claimant had requested surgical removal of his neuroma. A progress note on 10/15/14 indicated the physician had provided the claimant with Gabapentin and Naproxen with 2 months refills. No examination or subjective information was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines Gabapentin been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia as well as considered as a first-line treatment for neuropathic pain. In this case, the injured worker does not have the stated

conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Therefore, this request is not medically necessary.

Naproxen Sodium 550mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for chronic pain. In this case, there was no indication of Tylenol failure or an indication of prior length of use. In addition, future responses to medications cannot be established and 2 months of refills are not indicated without monitoring the injured worker's condition. In addition, long-term use can have renal and gastrointestinal (GI) impairment. The Naproxen, as prescribed, is not supported in the documentation; therefore, this request is not medically necessary.