

Case Number:	CM15-0102877		
Date Assigned:	06/05/2015	Date of Injury:	08/27/2014
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 44 year old male, who sustained an industrial injury on 8/27/2014. The current diagnoses are right foot wound, status post skin flap, possible osteomyelitis, anxiety, and depression. According to the progress report dated 5/12/2015, the injured worker complains of right foot pain. The pain is described as intermittent, sharp, stabbing pain with constant burning with associated numbness and tingling. The pain is rated 10/10 on a subjective pain scale. The physical examination of the right foot reveals diminished sensation to pinprick along the medial aspect of the foot. The current medication list is not available for review. Treatment to date has included medication management, antibiotic therapy, and surgical intervention. The plan of care includes prescriptions for Venlafaxine, Gabapentin, and box of sterile gauze.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 pieces per box of sterile gauze 4 x 4 12 ply: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot; wound dressings.

Decision rationale: In regards to wound care for the foot ODG states; "Recommend the following combinations: for chronic wounds, (1) debridement stage, hydrogels; (2) granulation stage, foam and low-adherence dressings; and (3) epithelialization stage, hydrocolloid and low-adherence dressings; and for the epithelialization stage of acute wounds, low-adherence dressings." While the available medical record does not note the stage or combination in use for the care of this wound, there is no notation of recent debridement within the record either. The wound would necessarily be in stage 2-3, both of which carry the recommendation for low-adherence dressings. As such, I am reversing the prior decision and find the request for 4 x 4 sterile gauze to be medically necessary.

60 tablets of Venlafaxine 75 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 15-16.

Decision rationale: Venlafaxine is an anti-depressant which functions as a serotonin and norepinephrine reuptake inhibitor. MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS further details " Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy." The available medical record notes a post surgical diagnosis of neuropathic ulcer, and there are statements in a record addendum from the treating physician that the IW has neuropathic pain, but the objective neurological findings note the IW is "neurovascularly intact" and has decreased pinprick sensation on the right foot. The record does not support the diagnosis of neuropathic pain. Also, while this drug may be considered a "possibility" for non-neuropathic pain it is not first line for such. The treating physician does not provided details regarding the failure of other more appropriate agents, in fact the record notes the IW has had significant pain relief through the use of opioids but they were discontinued due to concern for addictive potential, but there is no documentation of misuse, tolerance or redirection. As such, the request for Venlafaxine 75mg #60 is deemed not medically necessary.

60 tablets of Gabapentin 300mg with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The available medical record notes a post surgical diagnosis of neuropathic ulcer, and there are statements in a record addendum from the treating physician that the IW has neuropathic pain, but the objective neurological findings note the IW is "neuro-vascularly intact" and has decreased pinprick sensation on the right foot. The record does not support the diagnosis of neuropathic pain. The treating physician does not provided details regarding the failure of other more appropriate agents, in fact the record notes the IW has had significant pain relief through the use of opioids but they were discontinued due to concern for addictive potential, but there is no documentation of misuse, tolerance or redirection. Based on the provided medical record, there is no evidence of neuropathic type pain or radicular pain on exam. As such, the request for gabapentin 300 mg #60 is deemed not medically necessary.