

<b>Case Number:</b>	CM15-0145104		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old female, who sustained an industrial injury on January 15, 2013. She reported bilateral foot pain. The injured worker was diagnosed as having ulcer of the heel and midfoot, lesion of the plantar nerve and status post excision of the foot neuroma with dehiscence of the wound on post-op week 7. Treatment to date has included diagnostic studies, surgical intervention of the left foot, conservative care, physical therapy, medications, orthotics and work restrictions. Currently, the injured worker continued to report bilateral foot pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on July 8, 2015, revealed continued bilateral foot pain worse with walking. It was noted she continued to work with modified duties. She noted some foot numbness following surgery however she noted stepping on a rock and feeling it on the ball of her foot. Gabapentin 300mg tablets #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg tablets #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Topical Page(s): 18-19, 49, 113.

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

**Decision rationale:** The patient presents on 07/08/15 with unrated bilateral foot pain. The patient's date of injury is 07/15/13. Patient is status post excision of a neuroma in the 3rd intermetatarsal space of the left foot. The request is for Gabapentin 300mg tablets #180. The RFA is dated 07/17/15. Physical examination dated 07/08/15 reveals atrophy in the left calf, pain upon palpation of the bilateral plantar forefeet, and weakness upon dorsiflexion and plantarflexion of the left foot. The patient is currently prescribed Naproxen, Norco, Allegra, Flonase, and Dulera. Patient is currently working modified duties. MTUS Guidelines Antiepilepsy Drugs section, pg 18, 19 states: "Gabapentin -Neurontin, Gabarone, generic available 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." In regard to Gabapentin for this patient's neuropathic foot pain, the request is appropriate. This appears to be the initiating prescription of this medication, as there is no evidence in the records provided that this patient has utilized Gabapentin to date. Most recent progress note dated 07/08/15 does not list Gabapentin among this patient's medications. Given the conservative nature of this medication, and this patient's unresolved neuropathic pain, the use of Gabapentin is an appropriate measure. The request is medically necessary.