

Case Number:	CM15-0145594		
Date Assigned:	08/06/2015	Date of Injury:	08/11/2008
Decision Date:	09/03/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	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: Arizona, California

Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on August 11, 2008. Treatment to date has included diagnostic imaging, work modifications, and medications. Currently, the injured worker complains of chronic pain of the left foot and ankle due to neuralgia. He reports that his medications provide him adequate pain relief and keep him functional. He reports that without medication he is unable to tolerate his daily work or personal activities. He rates his pain a 3-4 on a 10-point scale. His medications include Ultracet, Neurontin and Soma. The injured worker reports that his medications manage his pain and allow him to function. On physical examination, the injured worker has tenderness to palpation over the lumbar spine and bilateral gluteus region. His lumbar range of motion is 60-70% in all directions with moderate muscle spasm and guarding. His left ankle and foot are tenderness to palpation and he has limited range of motion. He ambulates with a slightly antalgic gait and has slight sensory deficit over the left L5-S1 dermatomes. He has positive straight leg raise test bilaterally. The diagnoses associated with the request include status post left metatarsal stress fracture with post-traumatic osteoarthritis, chronic left foot and ankle pain, right knee pain, lumbar radiculopathy and lumbar sprain-strain. The treatment plan includes continuation of Neurontin, Soma and Ultracet, orthotic shoe replacement and work modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Overturned

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

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

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radiculopathy. The claimant had symptom relief with its use. Gabapentin is appropriate.