

<b>Case Number:</b>	CM15-0145609		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/20/2015
<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 September 05, 2013. The worker was employed as a library assistant. A follow up visit dated March 26, 2015 reported subjective complaint of left ankle pain and stiffness. The following diagnosis was applied: left ankle strain and sprain. The plan of care noted recommending electro-acupuncture, myofascial release and infrared treatment. A primary treating office visit dated April 30, 2015 reported the worker having been previously deemed as permanent and stationary and was being seen under future medical care. The chief subjective complaint noted low back and left ankle pains. She states utilizing Voltaren gel, Meloxicam and that pain is under control. She is voicing conservative measures only at this time. The diagnoses were: left ankle ligament tear and strain; spinal strain and sprain syndrome secondary to antalgic gait. At a June 05, 2015 follow up visit the worker was administered two intramuscular injections. The following diagnoses were added: flare up of lumbago and spinal strain and sprain syndrome, and left ankle ligament sprain with mild residual plantar fasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100% compound 240gm Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111 and 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

**Decision rationale:** Although Neurontin (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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2013 injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic 2013 injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 100% compound 240 gm Qty: 1.00 is not medically necessary and appropriate.