

Case Number:	CM15-0201876		
Date Assigned:	10/19/2015	Date of Injury:	02/26/2012
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old female who sustained an industrial injury on 2-26-12. The medical records indicate that the injured worker is being treated for crush injury to the right foot; Morton neuroma right foot; right foot subtalar arthritis; right foot tarsal tunnel syndrome; reflex sympathetic dystrophy right foot. She currently complains of achy, stabbing pain in the lower back (where dorsal column stimulator is implanted) radiating to right lower extremity. She has discomfort with movement and is unable to sleep; she has right ankle -foot pain with prolonged walking. On physical exam of the lumbar spine there was decreased range of motion, tightness and spasms in the lumbar paraspinal musculature bilaterally; hypoesthesia along the anterior lateral aspect of the foot-ankle, L5 and S1 dermatome level bilaterally; weakness of the big toe dorsi flexion and plantar flexion bilaterally; decreased right ankle range of motion and tenderness to palpation to the plantar fascial attachment to the calcaneus; tenderness to the Achilles tendon attachment to the calcaneus with medial and lateral joint line tenderness. Treatments to date include dorsal column stimulator (2-21-15); medications: Percocet. Gabapentin was not present in the documents. The request for authorization was not present. On 9-24-15 Utilization Review non-certified the request for gabapentin 300mg #30 with 3 refills, modified to 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in February 2012 and continues to be treated for chronic right lower extremity pain after sustaining a crush injury including a diagnosis of CRPS. When seen, a spinal cord stimulator is referenced as causing more pain than helping. She was having discomfort with movement and was unable to sleep and wanted to have it removed. Physical examination findings included decreased lumbar spine range of motion with positive straight leg raising and tenderness with spasms. There was lower extremity hypoesthesia and weakness. There was decreased right ankle range of motion. Percocet was prescribed. Authorization is being requested for gabapentin at a dose of 300 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended and no titration was being planned as a three month supply at this dose was prescribed. The request is not medically necessary.