

Case Number:	CM15-0050786		
Date Assigned:	03/24/2015	Date of Injury:	05/11/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 female, who sustained an industrial injury on 05/11/2013. She has reported subsequent foot and ankle pain and was diagnosed with sprain and contusion of left ankle. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 02/24/2015, the injured worker complained of left foot pain and was noted to have sympathetic radiating pain. Objective findings were notable for hypesthesia along the dorsum of the left foot. A request for authorization of Neurontin was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurotin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Neurontin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 100 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are sympathetic radiating pain; left foot pain status post ankle surgery (more specific diagnoses are not in the record). A progress note dated February 2, 2015 shows Neurontin 100 mg #90 was requested. Utilization review certified the request authorization number. Documentation from a February 24, 2015 note states, subjectively, the injured worker has not improved status post left lumbar sympathetic block. The note states the injured worker did not receive the Neurontin. The circumstances are unclear because Neurontin was certified (supra). The documentation does not contain subjective improvement and objective improvement as a result of ongoing Neurontin. Additionally, the prescription does not state the instructions with frequency for Neurontin 100 mg #90. Consequently, absent clinical documentation with objective functional improvement, Neurontin 100 mg #90 is not medically necessary.