

Case Number:	CM15-0080017		
Date Assigned:	05/01/2015	Date of Injury:	06/30/2012
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 45 year old female patient who sustained an industrial injury on 06/30/2012. The patient had acute onset of left ankle pain after having had tripped. A recent primary treating office visit dated 02/04/2015 reported the patient returning from family leave of absence documentation completion. She is diagnosed with: ankle foot pain in joint; status post-surgery of foot/ankle tenosynovitis. The plan of care involved seeking consultation. She is to remain off from work. A primary treating office visit dated 12/22/2014 reported the patient with subjective complaint of left ankle pain. She reports having been diligent with stretching exercises but without much improvement in symptom. She is diagnosed with left ankle impingement; left ankle instability status post procedure now with mild-to- moderate residual instability; left Achilles contracture, and left superficial peroneal nerve neuritis. The plan of care involved: recommendation for arthroscopic evaluation and debridement. She is to follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg Qty 60 (retrospective DOS 03/31/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for left ankle pain. Treatments have included surgery, medications, and physical therapy. She underwent arthroscopic surgery on 02/26/15. When seen, she was having tenderness and there was decreased ankle range of motion. Gabapentin is being prescribed at a total dose of 200 mg per day. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for inflammation as in this case. Dosing of naproxen is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

Gabapentin 100 mg Qty 60 (retrospective DOS 03/31/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), p16-18 Page(s): 16-18.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for left ankle pain. Treatments have included surgery, medications, and physical therapy. She underwent arthroscopic surgery on 02/26/15. When seen, she was having tenderness and there was decreased ankle range of motion. Gabapentin is being prescribed at a total dose of 200 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 greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore not medically necessary.