

Case Number:	CM14-0119935		
Date Assigned:	09/16/2014	Date of Injury:	04/09/2014
Decision Date:	10/23/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 52 year-old male was reportedly injured on 4/9/2014. The mechanism of injury is noted as occurring when a battery weighing 40-50 pounds fell and landed on the foot. The most recent progress note, dated 9/22/2014. Indicates that there are ongoing complaints of left foot pain. The physical examination demonstrated left foot: patient emulating with a single point cane, increased redness in the medial aspect of the big toe with tenderness. No recent diagnostic studies are available for review. Previous treatment includes medications, elevation, ice, and CAM walking boot. A request had been made for Gabapentin 10% 120 gm and was not certified in the pre-authorization process on 7/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10% 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that

is not recommended, is not recommended". Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and recommend against the addition of Gabapentin to other agents. Therefore, this request is not considered medically necessary.