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| Case Number: | CM14-0142329 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 07/29/2013 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/03/2014 |

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 Occupational Medicine and is licensed to practice in California. 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 applicant is represented [REDACTED] employee who has filed a claim for ankle pain reportedly associated with an industrial injury of July 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for Gabapentin, stating that the applicant did not have evidence of neuropathic pain, diabetic neuropathy, or postherpetic neuralgia. Somewhat incongruously, the claims administrator then reported that the applicant had complaints of burning and numbness about the left foot at night. The claims administrator did not state whether or not the request represented a first-time request versus a de novo request. The applicant's attorney subsequently appealed. In a progress note dated March 26, 2014, the applicant was described as using Naproxen, LidoPro, and Omeprazole. The applicant was placed off of work, on total temporary disability. The applicant was described as having persistent burning left ankle pain with numbness and tingling about the left foot. In an orthopedic consultation dated March 28, 2014, the applicant again reported numbness, burning, and popping about the foot and ankle. The applicant was again placed off of work, on total temporary disability. Medication selection was not discussed on this date. On June 18, 2014, the applicant was asked to continue naproxen, Flexeril, Prilosec, and LidoPro while remaining off of work, on total temporary disability. Persistent complaints of left foot pain and burning were appreciated. On August 14, 2014, it appeared that gabapentin was introduced for the first time owing to complaints of burning, numbness, and tingling about the foot, 8/10. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Gabapentin 30 mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49, 3.

Decision rationale: The request in question represented a first-time request for Gabapentin. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is considered a first-line medication for neuropathic pain, as was present here on or around date in question, August 14, 2014. As noted on page 3, of the MTUS Chronic Pain Medical Treatment Guidelines, neuropathic pain is characterized by symptoms such as tingling, numbing, and burning sensations which are distinct from normal sites after pain. In this case, the applicant did have complaints of burning, numbness, and tingling suggestive of neuropathic pain on or around date in question. Therefore, the request for Gabapentin 30 mg # 60 was medically necessary.