

Case Number:	CM14-0177107		
Date Assigned:	10/30/2014	Date of Injury:	11/22/1995
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina, and Georgia. 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 injured worker is a 72-year-old male who reported injury on 11/22/1995 due to an unspecified mechanism of injury. The injured worker complained of moderate pain that started at the foot and radiated to his lower left leg that included sharp pain. It was difficult for him to perform activities of daily living and yard work. The diagnoses included reflex sympathetic dystrophy of the lower extremity and pain and strain of the knee. No diagnostic studies were available for review. No past treatments were available for review. No prior surgical history was provided. The objective findings dated 10/22/2014 revealed he was alert and oriented, with coordination grossly intact. Gait was impaired, that required the assistance of a cane for ambulation. The injured worker had tenderness at the left ankle. The treatment plan included Gabapentin 600 mg. The request for authorization dated 10/30/2014 was submitted with documentation. The rationale for the Gabapentin 600 mg was for his diagnosis of reflex sympathetic dystrophy of the lower right limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Gabapentin 600mg, 1 tablet, #90, number of refills not specified, submitted diagnosis reflex sympathetic dystrophy of the right lower limb, right knee sprain/strain, as an outpatient.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological

Basis of Therapeutics, 12th ed. McGraw Hill, 2010.; and Physician's Desk Reference, 68th ed, and www.RxList.com, and ODG Workers Compensation Drug Formulary www.odg-twc.com/odgtwc/formulary.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for 1 Gabapentin 600 mg 1 tablet #90, number of refills not specified, submitted diagnosis reflex sympathetic dystrophy of the right lower limb, right knee sprain and strain as an outpatient is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting effect from the modality should include elevating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note that Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia, and has been considered the first line treatment of neuropathic pain. The objective findings were not evident that the injured worker had muscle weakness or numbness that would indicate painful neuropathy. The request did not address the frequency. As such, the request is not medically necessary.