

Case Number:	CM14-0218924		
Date Assigned:	01/09/2015	Date of Injury:	05/05/2013
Decision Date:	03/09/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Pennsylvania
 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 (IW) is a 35 year old female who sustained an industrial injury on 5/5/2013. She has reported foot pain after a twisting injury to the foot and ankle. The diagnoses have included left foot strain/sprain and plantar fascial fibromatosis, and tarsal tunnel syndrome. Prior x-rays and Magnetic Resonance Imaging (MRI) were documented to reveal no acute findings. Treatment to date has included ten physical therapy visits, chiropractic care, night splinting, anti-inflammatory medication, steroid injection with temporary improvement documented. She sustained a second industrial injury due to a fall on 11/29/13 with diagnosis of back sprain. The injured worker complained of left foot pain. The physical exam indicated decreased left ankle dorsiflexion, strength was documented 5/5 bilateral lower extremity. The plan of care documented included an ankle-foot orthrosis AFO ankle gauntlet, education on proper footwear, possible tarsal tunnel injection and Magnetic Resonance Imaging (MRI). Work status as of July 2014 was noted to be modified work, temporary disability in January 2014, modified duty in March 2014, and instructed to return to full duty in September 2014, then modified work in October 2014. Medication treatment in September 2014 was noted to be advil as needed. At a visit on 11/20/14, the injured worker continued to report left foot pain which throbs when standing, with less pain since the work season ended. Examination showed tenderness of the left heel in the midline and medially, with initial antalgic gait improving slowly. Treatment plan was noted to include surgical options, increasing gabapentin to three times daily, and adding voltaren. No prior documentation of gabapentin was noted in the physician progress notes submitted. On 12/15/2014 Utilization Review modified the request for Gabapentin 600 mg #90 to Gabapentin

600 mg #45, noting the documentation did not include evidence of prior response to the medication requested. Utilization Review non-certified a request for Voltaren gel, noting the documentation failed to document how long the medication was in use and the effects of use. MTUS Guidelines were also cited. This Utilization Review (UR) decision was subsequently appealed to Independent Medical Review (IMR).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 MG 1 Cap By Mouth TID #90 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants (antiepilepsy drugs) Page(s): p.16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The documentation indicates the injured worker had diagnoses of left foot strain/sprain and plantar fascial fibromatosis, tarsal tunnel syndrome, and back sprain. Imaging studies including MRI were noted to be negative. There was no documentation of neuropathic pain. The progress note from 11/20/14 notes a plan to increase dose of gabapentin, but prior treatment with this medication was not documented. Progress notes reflect prior treatment with Advil as the only oral medication prescribed. Due to the lack of a diagnosis of neuropathic pain, the request for gabapentin 600 mg #90 with 2 refills is not medically necessary.

Voltaren Gel 1 Percent-3 Grams Every Day to Left Foot #240 Grams #3 100 Grams Tubes with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): p. 111-113. Decision based on Non-MTUS Citation chronic pain chapter: diclofenac topical pdr.net 2015: voltaren gel

Decision rationale: Topical nonsteroidal anti-inflammatory medications (NSAIDs) for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. The specific indication for the prescription for Voltaren gel in November 2014 was not provided. The injured worker's diagnoses do not include osteoarthritis or tendonitis. There should be no concurrent use of oral and topical NSAIDs. The injured worker was documented to be taking advil as of September 2014; current medications as of November 2014 were not provided. The documentation did not clearly indicate that Advil had been discontinued. The ODG notes that topical voltaren gel is not recommended as a first-line treatment, but may be

used as an option for patients at risk of adverse effects from oral NSAIDs; in this case, there was no documentation of adverse effect from the use of Advil and the injured worker did not have any indicators of high risk of adverse effects from oral NSAIDs. The request for Voltaren gel is not medically necessary.