

<b>Case Number:</b>	CM15-0126234		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New York  
 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 60 year old female injured worker suffered an industrial injury on 4/09/2013. The diagnoses included neuropathy noted 1/29/2015 and neuroma of the foot. The diagnostics included x-rays of both feet. The injured worker had been treated with physical therapy per note of 1/26/2015, foot supports and medications. On 6/19/2015 the treating provider reported continued right foot/ankle pain. The right plantar was severe. She had continued difficulty with prolonged standing or walking. On exam there was an abnormal gait. The right foot had swelling/localized edema. The neuro-derm-circulatory exam was intact. The injured worker had not returned to work. The treatment plan included Gabapentin and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 800mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED (antiepileptic drugs) Page(s): 16-22.

**Decision rationale:** The MTUS Chronic pain Medical Treatment Guidelines recommend antiepileptic drugs (AED) for neuropathic pain for post herpetic neuralgia, spinal cord injury and painful poly neuropathy. The documentation provided did not include the indications that were recommended for this medication. There was a diagnosis of neuroma and neuropathy from the visit 1/29/2015 but symptoms were not described in that exam and the visit of 6/19/2015 indicated there was no neurological findings on exam. The medication had been used for at least 5 months without evaluation of a comprehensive pain assessment or evidence of functional improvement. The request for Gabapentin 800mg #90 is not medically necessary per guidelines.

**Ibuprofen 600mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (nonsteroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines for nonsteroidal anti-inflammatory drugs recommend use for acute conditions or for acute exacerbation of conditions for short term therapy. It is recommended at lowest dose for the shortest period in patient with moderate to severe pain. Specific recommendations include osteoarthritis, back pain, and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis in with neuropathic pain. There also needs to be evidence of functional improvement. The documentation provided indicated this medication had be used at least since 1/29/2015 for chronic conditions of possible neuroma and neuropathy. Physician report fails to indicate acute exacerbation of symptoms and there is no evidence of functional improvement with use of Ibuprofen. The request for Ibuprofen 600mg #60 is not medically necessary per guidelines.