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| Case Number: | CM15-0175473 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 05/05/2013 |
| Decision Date: | 10/19/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 35 year old female, who sustained an industrial-work injury on 5-5-13. She reported initial complaints of left foot pain. The injured worker was diagnosed as having plantar fascial fibromatosis and tarsal tunnel syndrome. Treatment to date has included medication, surgery (left gastric release, left distal tarsal tunnel release, and partial plantar fasciotomy), and physical therapy. Currently, the injured worker complains of left foot pain and swelling. Per the primary physician's progress report (PR-2) on 7-21-15, exam noted antalgic gait, mild erythema, moderate swelling, tenderness of the tarsal tunnel, and increased motion and strength. Current plan of care includes home exercise program, supportive shoes-orthotics and compression socks. The Request for Authorization date requested service to include Neurontin 300mg 1 pill orally 3 times a day and 1 pill at bedtime for 3 days, then 1 pill orally twice a day for 3 days, then 1 pill orally 3 times a day for left foot/ankle pain and Mederma topical gel, apply daily to the left foot/ankle scar. The Utilization Review on 8-28-15 denied the request for Neurontin due to lack of documentation for neuropathy and for Mederma due to lack of support for use of topical agents and not data for use of the topical medication and not medically necessary, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medial Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg 1 pill orally 3 times a day and 1 pill at bedtime for 3 days, then 1 pill orally twice a day for 3 days, then 1 pill orally 3 times a day for left foot/ankle pain:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of tarsal tunnel syndrome. Therefore, the request is medically necessary.

Maderma topical gel, apply daily to the left foot/ankle scar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, mederma.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states that the requested medication is an over the counter medications that can be used in the treatment of scars. The provided medical documentation does not show evidence of excessive scarring or keloid formation which would make scar treatment more than simply cosmetic. Therefore, the request is not medically necessary.