

<b>Case Number:</b>	CM15-0093321		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	10/21/2006
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old female, who sustained an industrial injury on October 21, 2006. She reported bilateral foot and ankle pain with swelling and tenderness. The injured worker was diagnosed as having status post fracture of the right fifth proximal phalanx, status post bilateral foot Morton's neuroma excision, bilateral plantar fasciitis and other. Treatment to date has included diagnostic studies, excisions of bilateral neuromas, conservative therapies, medications and work restrictions. Currently, the injured worker complains of bilateral foot and ankle pain with scaring noted from neuroma excision as well as tenderness and swelling. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 15, 2014, revealed continued pain as noted. Work restrictions were continued and medications were renewed and requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600 mg, Qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The claimant sustained a work-related injury in October 2006 and continues to be treated for bilateral foot and ankle pain. There is a history of a neuroma excision. When seen, she had ongoing symptoms. Physical examination findings included swelling and tenderness and pain with range of motion. Recent treatment had included an arthroscopic ankle ligament repair after an injury in January 2014. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with recommended guidelines. The claimant has neuropathic pain after a neuroma resection. The request was medically necessary.

**Zanaflex 2 mg, Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The claimant sustained a work-related injury in October 2006 and continues to be treated for bilateral foot and ankle pain. There is a history of a neuroma excision. When seen, she had ongoing symptoms. Physical examination findings included swelling and tenderness and pain with range of motion. Recent treatment had included an arthroscopic ankle ligament repair after an injury in January 2014. Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron syndrome. It is therefore not medically necessary.