MAXIMUS Federal Services

Case Number:	CM15-0097757		
Date Assigned:	05/28/2015	Date of Injury:	08/06/2008
Decision Date:	07/01/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/20/2015

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 39 year old male, who sustained an industrial injury on 8/6/08. Initial complaints were not reviewed. The injured worker was diagnosed as having complex fractured right hip; left lower extremity fracture; right groin/testicular pain; lumbar spine pain. Treatment to date has included a status post open reduction internal fixation of the right acetabular and fibular fracture (8/6/08); status post left ankle operative fixation (no date); medications. Diagnostics included MRI lumbar spine (7/27/2009). Currently, the PR-2 notes dated 4/29/15 indicated the injured worker returns to this office as a follow-up last seen on 11/5/14. He states that in the warmer weather he feels better. His average pain score is 4-5/10 and at its worst will be 6-7/10. In the colder months his pain can definitely reach a higher level. The injured worker also reports he sees another physician but does not state what his treatment is with that physician. Current medications are listed as Prilosec, Cymbalta, Neurotin and Relafen. The objective findings are documented as end stage limitation in both right hip internal and external rotation with endpoints of pain going into the groin. Deep tendon reflexes are equal and symmetric in the bilateral lower extremities; unable to elicit any ankle clonus. He is in no acute distress and is ambulating without the need of a mobility aid. His diagnoses are documented as a history of a complex fractured right hip, left lower extremity; persistent right groin and testicular pain. He notes an Ultrasound of the groin was done March 2009 showing fluid collection beneath the skin surface in the right groin which appears to be a cyst or seroma. He has had central low back pain since 2/2009 probably due to an abnormal gait. He also has low back pain and an MRI of the lumbar spine was negative on 7/27/2009. He is a status post open reduction internal fixation of

the right acetabular and fibular fracture 8/6/08. He also has a left ankle operative fixation but no date is noted. The providers treatment plan included a refill of medications; aquatic exercise program. The provider is requesting Neurontin cap 300mg tid #90 with 5 refills but this was denied at utilization Review due to neuropathic pain was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin cap 300mg tid #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

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 post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. 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. 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. Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post-herpetic 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. Recommendations involving combination therapy require further study. The patient does not have a primary neuropathic pain diagnosis and therefore the request is not medically necessary.