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| Case Number: | CM13-0007816 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/22/2003 |
| Decision Date: | 04/18/2014 | UR Denial Date: | 07/22/2013 |
| Priority: | Standard | Application Received: | 08/07/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male who reported a work-related injury on 9/22/03. The mechanism of injury was a slip and fall onto his knee and low back on cement. The patient's medication history included Gabapentin as of 2003. The examination of 7/13/03 revealed that the patient had more intense back pain than knee pain. The patient ambulated with a cane. The patient had tenderness at the anterior knee shooting into the left foot. The patient had diagnosis of left sciatica and chondromalacia to the left knee. The request was made for medication refills and for a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The ACOEM guidelines indicate that there is a functional assessment tool available (a Functional Capacity Evaluation); however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, an injury that required a detailed exploration of a worker's abilities, being close to maximum medical improvement, and/or additional or secondary conditions have been clarified. Clinical documentation submitted for review failed to indicate the patient had an unsuccessful return to work to support the necessity for a Functional Capacity Evaluation. There was a lack of documentation of exceptional factors. Given the above, the request for Functional Capacity Evaluation is not medically necessary.

60 GABAPENTIN 600MG WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines recommend antiepileptic medications as a first-line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an objective functional improvement. Clinical documentation submitted for review indicated the patient had been taking the medication since 2003. There was a lack of documentation of an objective decrease in Final Determination Letter for IMR Case Number CM13-0007816 4 pain and an objective functional improvement. The request additionally failed to provide a necessity for 3 refills. Given the above, the request for 60 Gabapentin 600 mg with 3 refills is not medically necessary.