

Case Number:	CM13-0026137		
Date Assigned:	11/22/2013	Date of Injury:	03/23/1990
Decision Date:	02/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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 Internal Medicine and Pulmonary Diseases 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 57-year-old female who reported an injury on 03/23/1990. The patient is currently diagnosed with right knee joint arthropathy, right knee osteoarthritis, posttraumatic calcification tendinitis patella tendon, posttraumatic chondromalacia patella compartment of the right knee, status post arthroscopic surgery of the right knee x2, and right knee postsurgical changes and meniscal degeneration. The patient was seen by [REDACTED] on 10/22/2013. The patient reported ongoing right knee pain. Physical examination revealed positive straight leg raising bilaterally, decreased range of motion of bilateral knees, and stiffness with radiculopathy of the lower extremities bilaterally. Treatment recommendations included a refill of hydrocodone, diclofenac, Cymbalta, gabapentin, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines states acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical

rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. As per the clinical notes submitted, there is no evidence of this patient's previous participation in acupuncture treatment. Although the patient does present with a limping gait, decreased range of motion, and stiffness, the current request for 8 sessions of acupuncture treatment exceeds guideline recommendations. As such, the request is non-certified.

Hydrocodone 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent right knee pain with stiffness and activity limitation. There is no documentation of a functional improvement. Based on the clinical information received, ongoing treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.

Flexeril 5mg #120: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no evidence of palpable muscle spasm, muscle tension, or spasticity on the patient's physical examination. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Gabapentin 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Page(s): 16-18.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Gabapentin 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. As per the clinical documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with activity limitation. Based on the clinical information received, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

Diclofenac 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain, stiffness, and activity limitation. As guidelines do not recommend chronic use of NSAID medication, the current request cannot be determined as medically appropriate. Additionally, there is no evidence of a failure to respond to first line treatment with acetaminophen, as recommended by California MTUS Guidelines. Based on the clinical information received, the request is non-certified.

Cymbalta 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for nonneuropathic pain. Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, fibromyalgia and has been used off label for neuropathic pain and radiculopathy. As per the clinical notes submitted, the patient has continuously utilized this medication. There is no evidence of satisfactory response to treatment as indicated by a decrease in pain level, a change in the use of other analgesic medication, or improved sleep quality and duration. Based on the clinical information received, ongoing use of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.

