

Case Number:	CM13-0059746		
Date Assigned:	12/30/2013	Date of Injury:	12/23/2008
Decision Date:	04/14/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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/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 37-year-old male who reported an injury on 12/23/2008. The mechanism of injury was not provided for review. The patient reportedly sustained injury to the low back and right knee. The patient's treatment history included surgical intervention in 2012 of the right knee, physical therapy, and medications. The patient's most recent medication schedule included Ketoflex compounded ointment, Norco 10/325 mg, Colace, Fioricet, gabapentin, Cidaflex, Sinralyne. The patient was monitored for aberrant behavior with urine drug screens. The patient consistently complained of right knee pain that was exacerbated by re-injury after the patient stepped into a hole, hyperextending his right knee and causing mechanical symptoms. The patient's most recent clinical evaluation documented that the patient had 6/10 pain with medications and 8/10 pain without medications. The patient's diagnoses included right knee meniscal tear status post repair, right knee sprain/strain, chronic pain syndrome, lumbar radiculitis, lumbar sprain and strain, chronic pain-related anxiety, insomnia, and depression. The patient's treatment plan included continued use of medications for pain control, physical therapy, and an MRI arthrogram to assess the patient's meniscus tendons.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG #60:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs and Medications for Chronic Pain Page(s): 16, 60.

Decision rationale: California Medical Treatment Utilization Schedule does recommend the use of anticonvulsants as a first-line treatment in the management of chronic pain. However, as this patient has been on this medication since at least 11/2012, continued use would need to be supported by documentation of functional benefit and significant pain relief. Clinical documentation submitted for review does provide evidence that the patient has pain relief from an 8/10 to a 6/10 with medication usage. However, the documentation reflects that the patient's symptoms seem to be becoming more severe and significant. Therefore, increase in functional capabilities has not been established. As such, the requested prescription of gabapentin 600 mg #60 is not medically necessary or appropriate.

KETOFLEX COMPOUND OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The clinical documentation submitted for review reflects that this patient has been on this medication since at least 10/2013. California Medical Treatment Utilization Schedule does not recommend the use of Ketoprofen, the topical analgesic, as it is not FDA-approved for use of this type of formulated medication. Therefore, continued use of this medication is not supported by guideline recommendations. As such, the requested 1 prescription of Ketoflex compound ointment 240 gm is not medically necessary or appropriate.

ORTHOPEDIC CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, page 163

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6, page 163

Decision rationale: The American College of Occupational and Environmental Medicine recommends additional consultations when the patients treatment planning would benefit from additional expertise. Clinical documentation submitted for review does provide evidence that the patient has had persistent pain complaints for an extended period of time. However, patients most recent treatment planning included additional conservative treatments. The results of those conservative treatments would need to be determined prior to additional consultation. The clinical documentation submitted for review does not clearly indicate whether the patient is a surgical candidate. Additionally, there is no clear indication submitted by the treating physician

of how an orthopedic consultation will contribute to the patients treatment planning. As such, the requested orthopedic consultation is not medically necessary or appropriate.