

Case Number:	CM14-0106253		
Date Assigned:	09/16/2014	Date of Injury:	09/06/2001
Decision Date:	10/23/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & 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 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 injured worker is a 57 year old female who was injured on September 6, 2001. The mechanism of injury is due to a slip and fall event. The diagnoses listed as depressive disorder not elsewhere classified (311). The most recent progress note dated 8/26/14, reveals complaints of aching pain in the neck, bilateral shoulders and bilateral hands, the low back 7 to 8 out of 10, right knee and leg 8 out of 10. Pain was rated a 6 out of 10 on visual analog scale (VAS) Physical examination reveals the injured worker is obese, in mild acute distress due to increase in pain level today, antalgic gait, uses a cane for gait assistance, inability to heel/toe walk due to leg pain, and right leg weakness; lumbar spine range of motion 20 degrees of flexion, 10 degrees of extension, 15 degrees of lateral bending to the left and right, decreased sensation in the lower extremities, straight leg raise, no clonus noted; bilateral knees patellar tracking abnormal, patellar grind maneuver is positive, popliteal cyst is absent, hamstring tenderness is present, severe tenderness in the medial and lateral aspects of the bilateral knees right greater than left, patellar tenderness on the right knee with crepitus noted, left knee hinged brace noted with medial femoral condyle tenderness with crepitus, swelling is present, Lachman instability, varus valgus stress test instability test are positive, McMurray's test is positive, no laxity, anterior and posterior drawer signs are hard to acknowledge due to the patients gait is antalgic and poor, painful range of motion is reduced, deep tendon reflexes are intact in the lower extremities, Achilles reflex and knee jerk are intact. Prior treatment includes medications, series of injections to her knees with no benefit, right knee surgery in 2/25/2008, left knee replacement 10/1/2012, completed twenty four sessions aquatic therapy in total since her injury (last session more than two years ago) which helped her, on 5/20/14 she reported acupuncture was of limited benefit, use of a cane, and use of a knee brace. It was noted twice since her last visit she has fallen and the right knee give out. She is not attending any form of therapy and is currently working. Current

medications include Tramadol, Norco, Tizanidine, Temazepam, and Gabapentin which she states are all helpful. A prior utilization review determination dated 6/28/14 resulted in denial of Gabapentin 300 milligrams quantity ninety, Restoril 30 milligrams quantity thirty, CT Scan of the lumbar spine, Tramadol 50 milligrams quantity sixty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19 of 127.

Decision rationale: Gabapentin (Neurontin) 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. In this case, there is no clear evidence of neuropathic pain in this injured worker. There is no mention of any specific reason for use of Gabapentin. There is little to no documentation of any significant improvement in pain or function with prior use. Therefore, the request is not medically necessary per guidelines.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain(Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

Decision rationale: According to the ODG guidelines, Restoril (Temazepam) is not recommended. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. In this case, there is no documentation of sleep hygiene which is important. There is no documentation of any significant improvement with prior use. Therefore, the medical necessity of Restoril is not established per guidelines.

CT Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CT. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter(Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back

Decision rationale: Per ODG, CT of the L/S spine is indicated in L/S spine trauma with neurological deficits or seatbelt "chance" fracture, myelopathy, to evaluate pars defect not identified on X-ray, or to evaluate successful fusion if plain x-rays do not confirm fusion. In this case, the above criteria are not met and thus the request is not medically necessary per guidelines.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96 and 113.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. Chronic use of opioids is not generally supported by the medical literature. In this case, the clinical information is limited and there little to no documentation any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of alternative means of pain management such as home exercise program or modalities such as hot/cold. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, the medical necessity of Tramadol has not been established.