

Case Number:	CM14-0010979		
Date Assigned:	02/21/2014	Date of Injury:	01/28/2011
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 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 38 year old male with an injury reported on 01/28/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 06/06/2013, reported that the injured worker complained of bilateral knee pain, left greater than right. The physical examination findings reported reflexes to bilateral knees were normal. It was reported that the injured worker had nonspecific tenderness with a positive McMurray test with interior and exterior rotation to the bilateral knees. The injured worker's diagnoses included left knee sprain/strain, medial meniscus tear, preexisting degenerative arthritis of the left knee. The request for authorization was submitted on 01/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FANATREX FOR THE LEFT KNEE DOS:12/17/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The request for retrospective fanatrex for the left knee (DOS: 12/17/2013) is non-certified. The injured worker complained of bilateral knee pain, with left greater than right. It was noted the reflexes to bilateral knees were normal and the injured worker had nonspecific tenderness with positive a McMurray test with interior and exterior rotation to the bilateral knees. The CA MTUS guidelines recognize Gabapentin (fanatrex) as an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. The rationale for the utilization of fanatrex is unclear. The provider did not indicate the dosage or quantity of the medication being requested. Therefore, the request is not medically necessary.