

Case Number:	CM14-0124297		
Date Assigned:	08/08/2014	Date of Injury:	04/07/2010
Decision Date:	09/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/06/2014

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 underlying date of injury in this case is 04/07/2010. On 06/13/2014, an orthopedic PR-2 followup notes that the patient had the diagnosis of left knee osteoarthritis with a medical meniscus tear and effusion and pain in the left knee. That note indicates that a left total knee replacement had been approved. Surgical preoperative clearance was planned. On 07/02/2014, the patient was seen in orthopedic followup regarding shoulder pain and was noted to have a rotator cuff tear and impingement. The patient reported that he had difficulty obtaining comparable medications which had decreased the need for oral medications. The patient reported that gabapentin made him dizzy in the morning. The patient was noted to use acetaminophen as well as orphenadrine and also used gabapentin for severe pain. The patient is also performing a home exercise program. The patient was recommended continued use of acetaminophen as well as gabapentin and tramadol. The patient was also noted to have carpal tunnel syndrome with paresthesias in the right long finger. The request was made for carpal tunnel release surgery and associated physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 325mg #50 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acetaminophen Page(s): 11.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on acetaminophen, page 11, states that acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. A prior physician review stated that it is necessary to document the efficacy of this medication. The medical records outline a very complex medical situation. Given the complexity of this medical situation, it could be anticipated that acetaminophen would be indicated for at least 4 refills as has been requested in this case. Acetaminophen is a first-line medication and it is likely that other medications will be necessary in addition to the acetaminophen. Again, this medication is recommended by the guidelines as a first-line treatment, particularly given the complexity of the patient's pain situation. This request is medically necessary.

Gabapentin 600mg #100 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin Page(s): 18-20.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiepilepsy drugs beginning on page 16 states that gabapentin is recommended for treatment of neuropathic pain and that the medical records should document improvement in function as well as side effects incurred. The medical records do indicate that this patient has reported benefit from this medication and that the dosage is being titrated due to symptoms of dizziness. Monitoring of this medication is appropriate, and it can be anticipated given the medical history that this medication will be continued to be utilized at a titrated dosage. A prior physician review did not appear to have details available regarding the dose titration of this medication to manage efficacy versus side effects. This request is medically necessary.

Orphenadrine 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on muscle relaxants Page(s): 63.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants, page 63, recommends non-sedating muscle relaxants as a second-line option for short-term treatment of acute exacerbations of chronic back pain. These guidelines do not support orphenadrine on a chronic basis as a muscle relaxant. This request is not supported by the guidelines. This request is not medically necessary.

Tramadol 50mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting/Long-acting opioids, Tramadol (Ultram) Page(s): 75, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/ongoing management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Although the treatment guidelines recommend tramadol as a weak opioid and thus recommend this for initiation of opioid treatment for osteoarthritis, the guidelines recommend monitoring the 4 A's of opioid management. An opioid prescription with 4 refills would not be consistent with these 4 A's of opioid management. Therefore, this request is not medically necessary.