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| Case Number: | CM14-0163444 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 09/18/2000 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 09/09/2014 |
| Priority: | Standard | Application Received: | 10/03/2014 |

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 Family Practice 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:

62 year old male claimant sustained a work injury on 9/18/2000 involving the low back and legs. He was diagnosed with thoracic/lumbar radiculitis and arthritis of the leg. A progress note on 8/26/14 indicated the claimant had 5/10 pain in the low back and right knee. He had restricted range of motion of the knee along with medial joint line tenderness. The claimant had been on Neurontin 300 mg BID for neuropathy, Cyclobenzaprine for spasms and Oxycodone for pain. The claimant had been on the above medications for several months with similar pain levels and exam findings. The treating physician requested continuation of the above medications along with a genicular block of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18.

Decision rationale: According to the MTUS guidelines, 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. Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

Cyclobenzaprine 7.5 mg #90: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril along with other agents for a prolonged period without improvement in pain or function. The request is not medically necessary.

Oxycodone HCL 5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for several months without significant improvement in pain or function. The continued use of Oxycodone is not medically necessary.

Genicular Block under Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Radiofrequency treatment relieves chronic knee osteoarthritis pain: a double blind randomized controlled trial, Department of Anesthesiology and Pain Medicine, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Republic of Korea

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Society of Regional Anesthesia (ASRA) and Clinical Trials for knee-National Institute of Health-NIH

Decision rationale: According to the ACOEM guidelines, invasive techniques carry risk of infection. No specific mention is made of genicular blocks in the ACOEM and MTUS guidelines. According to the NIH and the ASRA, there is limited evidence for the use of genicular block for chronic knee pain. Studies are undergoing. The request above at this time is not supported by the guidelines and is not medically necessary.