

Case Number:	CM14-0167199		
Date Assigned:	10/14/2014	Date of Injury:	09/22/2001
Decision Date:	11/17/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational Medicine and is licensed to practice in New York & North Carolina. 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:

This patient sustained injury 9/22/2001 when he was knocked off of locomotive steps and onto the ground, when another employee fell on him. He is a 70 year old man, being treated for chronic neck, left upper extremity and right knee pain. He has left upper extremity dysesthesias and frequently drops things. He is appealing the denial of Gabapentin, Cymbalta and Synvisc injections. He has been on Gabapentin and Cymbalta for at least 2 years.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right knee Synvisc One injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (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), Knee & Leg (Acute & Chronic).

Decision rationale: Per ODG (MTUS does not address this topic), hyaluronic acid injections may be indicated for those with symptomatic OA at least 3 months, but not responded to conservative treatment, including steroid injections, or cannot tolerate these treatment. They

should have documented knee pain and at least 5 of the following: bony enlargement, tenderness, crepitus, ESR less than 40, less than 30 min. of morning stiffness, no palpable warmth of synovium, over 50 years old, RF less than 1:40 and normal synovial fluid. They should not be a candidate for TKA. The hyaluronate injections are not recommended for other conditions or in joints besides the knee. All five criteria for injection of Synvisc have not been established (age, crepitus and tenderness) upon submission of the authorization request; however, he did document improvement over 6 months with a prior series of injections, which are the criteria for repeat injection. I recommend overturning the denial for one injection of Synvisc in the right knee.

1 Unknown prescription of Cymbalta: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (Serotonin Noradrenaline Reuptake Inhibitors), And Duloxetine (Cymbalta) Page(s): 43-44, 1.

Decision rationale: SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated or contraindicated. The starting dose is 20-60 mg per day and twice per day dosing is only used in fibromyalgia in women. The specific dosage of Cymbalta is not provided with this request, and the provider has indicated that it is not effective (12/14/13), so the medical necessity cannot be established. The denial is upheld.

Unknown prescription of Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: Anti-epilepsy drugs are recommended for neuropathic pain (pain due to nerve damage). Specifically, painful polyneuropathy (e.g. diabetic polyneuropathy), postherpetic neuralgia and central pain may have an AED indicated. Gabapentin may be used for treatment of diabetic painful neuropathy and postherpetic neuropathy and considered a first line treatment for neuropathic pain, per the MTUS chronic pain guidelines. Spinal cord injury, CRPS, fibromyalgia, lumbar and spinal stenosis are examples. Dosing may range from 900 mg, divided per day up to 3600 mg, divided doses, per day, depending on what is being treated. No dosing information accompanies this request, and the treating provider has indicated that the medication is not helpful in controlling pain (12/14/13 note), and hence, the denial is upheld.