

Case Number:	CM14-0020743		
Date Assigned:	05/02/2014	Date of Injury:	02/05/2004
Decision Date:	07/30/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 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:

This is a 66-year-old male with a 2/5/04 date of injury. While working as a program manager, he slipped and fell while spraying the outside of the housing unit with a five gallon tank strapped to his back. He fell back with his left leg extending forward and his right leg back, landing on his right leg under him. The patient completed a six-week-long functional restoration program on 8/23/13. The patient had significant improvement including getting off of all opioid medications. In a 4/27/14 progress note, the patient complained of an exacerbation of pain which requires him to use a single-point cane. He was not interested in going back to opioid medications, but he states that the flare-up in the right lower limb is significant, to the point where it is affecting his activities of daily living. His walking tolerance had decreased by 20-30% since he graduated from the functional restoration program secondary to the lack of gabapentin. Objective findings include: antalgic gait, morbidly obese, hyperextension of the knees bilaterally with flat foot, left knee strength is limited with knee flexion at 4/5. Diagnostic impression includes: chronic pain syndrome, hypertension, insulin-dependent diabetes, and left knee pain status post knee meniscectomy. Treatment to date includes: medication management, activity modification, surgery, functional restoration program. A UR decision dated 2/11/14 modified the request for Sertraline from 30 tablets to 27 tablets. While this medication is recommended for patients with Chronic Regional Pain Syndrome (CRPS), this patient does not fit the criteria listed for his knee complaints and CRPS. There is also no documentation of this patient being in a depressed state of mind according to the current submitted documentation. The request for Gabapentin was modified to 90 tablets. There is no mention in the current submitted documentation of any neuropathic diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERTRALINE HYDROCHLORIDE 100 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. Peer reviewed literature reveals Sertraline is used to treat depression, obsessive-compulsive disorder, panic disorder, anxiety disorders, and post-traumatic stress disorder (PTSD). There is no documentation in the reports reviewed that the patient is diagnosed with depression or anxiety. A specific rationale identifying why Sertraline would be indicated for this patient was not identified. A UR decision dated 2/11/14 modified the request to 27 tablets to initiate tapering, as abrupt cessation of Sertraline is not recommended. As such, the request is not medically necessary.

GABAPENTIN 300 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-18, 49.

Decision rationale: Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. A progress note dated 4/7/14 stated that the patient's neuropathic pain had been improving with Gabapentin use. Gabapentin was prescribed for this patient to help with the patient's right lower limb radicular pain and neuropathy along with his chronic knee pain. Guidelines support the use of Gabapentin as a first-line agent for neuropathic pain. However, the quantity is not noted in this request. As such, the request is not medically necessary.