

Case Number:	CM14-0025298		
Date Assigned:	06/11/2014	Date of Injury:	11/02/2009
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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 Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported injury on 11/2/09. The mechanism of injury was unloading some boxes from a pallet, when he slipped, hit his head, and injured his back. The injured worker's medication history included gabapentin, tizanidine, trazodone, morphine sulfate ER, Cymbalta, hydrocodone 10/325mg, Colace, ketamine 5%, Senokot S, and aspirin 325 as of May 2013. The injured worker underwent a left knee arthroscopic partial medial meniscectomy, debridement of crystalline deposits and biopsy, as well as a limited synovectomy on 5/22/14. The documentation of 1/10/14 revealed the injured worker had low back pain and knee pain. The injured worker was utilizing a cane for balance and ambulation. The injured worker indicated the pain was 4/10 with medications. The injured worker indicated he was able to walk and stand a little longer with medications and perform activities of daily living as well as move around the garden. The diagnoses included pain in the joint, lower leg, and lumbar disc displacement without myelopathy. The treatment plan included a continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 800MG #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications for the treatment of neuropathic pain. There should be documentation of objective functional benefit and objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional benefit. The duration of use was noted to be since at least May 2013. There was, however, a lack of documentation of objective decrease in pain. It was indicated the injured worker's pain was 4/10 with medications. However, there is lack of documentation indicating the injured worker's pain without medications. The request as submitted failed to indicate the frequency for the requested medication. As such, the request is not medically necessary.