

Case Number:	CM14-0028888		
Date Assigned:	06/16/2014	Date of Injury:	04/13/2002
Decision Date:	08/14/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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 & Rehabilitation, has a subspecialty in 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 71-year-old female who reported an injury on 04/13/2002. The mechanism of injury was not provided. On 05/15/2014, the injured worker presented with right knee pain and buckling. Upon examination of the right knee, there was tenderness noted with spasm and decreased range of motion. Medications include Omeprazole, Neurontin, Zanaflex, Cymbalta and Vicodin. The diagnosis was right knee pain. The provider recommended Cymbalta, Zanaflex and Vicodin. The provider's rationale is non-certified. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 600MG TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: MTUS Guidelines state Neurontin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia. It is also being considered for treatment

of neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. The continued use of the drug depends on improved outcomes versus tolerability and adverse effects. The injured worker has been prescribed Neurotin since at least 04/2014, the efficacy of the medication was not provided. Additionally the provider's request does not indicate the quantity in the request as submitted. As such, the request is not medically necessary.

CYMBALTA 60MG QHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

Decision rationale: The MTUS Guidelines recommend Cymbalta as an option for first line treatment of neuropathic pain. Assessment of treatment efficacy should include not only pain outcome, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is a lack of evidence of an objective assessment of the injured worker's pain level. Furthermore, there is a lack of documented evidence of efficacy of the injured worker's medication. Additionally, the quantity of the medication was not provided in the request as submitted. As such, the request is not medically necessary.

ZANAFLEX 4 MG TID: Upheld

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

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

Decision rationale: MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs). Managed pain and overall improvement in efficacy appears to diminish over time. Prolonged use of some of the medications in this class may lead to dependence. The included documents lack evidence of the efficacy of the medication. Additionally, the provider's request does not indicate the quantity of the medication in the request as submitted. As such, the request is not medically necessary.

VICODIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 75.

Decision rationale: MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the dose, quantity, or frequency of the medication in the request submitted. As such, the request is not medically necessary.