

Case Number:	CM14-0036200		
Date Assigned:	06/25/2014	Date of Injury:	05/31/2012
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopedic Surgery, 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:

The records, presented for review, indicate that this 34-year-old male was reportedly injured on 05/31/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 03/4/2014, indicated that there were ongoing complaints of chronic left knee pain. The physical examination demonstrated left knee range of motion within normal limits except for flexion, which is 100 in the right lower extremity. Extension is lacking 5. Positive joint swelling noted over the knee of left lower extremity, with joint tenderness noted. The patella femoral grinding test was positive and ballottement test positive on the left. No recent diagnostic studies were available for review today. Previous treatment included prior surgery, physical therapy, and medications. A request had been made for gabapentin 300 mg #90, hydrocodone 10 mg #180, alprazolam 2 mg #60 and was not certified in the pre-authorization process on 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines consider gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor was there any radicular symptoms noted on physical examination. As such, this request is not medically necessary.

Hydrocodone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

Alprazolam 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS guidelines do not support benzodiazepines (Valium) for long-term use, because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks. As such, this request is not considered medically necessary.