MAXIMUS Federal Services

Case Number:	CM14-0050947		
Date Assigned:	07/07/2014	Date of Injury:	01/17/1990
Decision Date:	08/26/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/18/2014

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 Internal 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:

The patient is 62 years old and suffered a worker's comp injury on 1/17/90 which resulted in bilateral osteoarthritis of the knees.It is noted that she had bilateral cortisone injection of her knees which resulted in a 2-3 months improvement of her symptoms in her right knee but a cortisone injection in her left knee only aided her symptoms for about 1 week. On 11/15/13 a PR2 note by her M.D. stated that she had 8/10 pain in her knees and that she walked with an antalgic gait and was noted to have pain on manipulation of her knees as well as swelling . She was being treated with Neurotin, Ambien, exercises and ice .It was noted that she was awaiting approval from worker's comp for bilateral TKR to ameliorate her pain and disability issues.Lastly, we note that on 4/8/14 the UR committee refused to certify the use of Nabumetone, Neurontin, Ambien, and 3 cortisone shots per year for each knee to manage the patient's knee osteoarthritis.Therefore, IMR review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5 MG One A Day: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to Date on line medical reference on reviews of insomnia and Ambien.

Decision rationale: Ambien is a medicine used to treat insomnia. The literature states that medications should be a last resort for insomnia and should be used as short a duration of time as possible and in as low a dose as possible. Initial treatment should be treatment of general medical and psychological issues that could be causing the insomnia and instruction in general sleep hygiene and behavior modification in order to treat this condition. The next step if the above is not successful would be the use of cognitive behavioral therapy. Only if all the above measures are unsuccessful should sleep meds be utilized and again for the shortest time period possible and in the smallest doses possible. It is noted that Ambien could have side effects such as HBP, palpitations, anxiety, muscle cramps and back pain. In the above patient, the chart notes make no reference to the use of behavioral counseling or good sleep hygiene or cognitive behavioral therapy. These modalities should be employed prior to the use of sleep medication. Therefore, the request for Ambien 5mg one a day is not medically necessary.

Gabapentin 400 MG Two Three Times A Day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, page(s) Chronic pain discussion Page(s): 16,17,18.

Decision rationale: The MTUS states that Neurontin (Gabapentin) is an anticonvulsant and used mainly to treat neuropathic pain and especially for the treatment of post herpetic neuropathy. It reduces hypersensitivity , specifically allodynia and hyper algesia. It also is effective for treatment of anxiety and is an aid to sleep. It is described as a first line treatment of neuropathic pain, which is most commonly caused by D.M. It has also been found beneficial to treat post - stroke pain and managing fibromyalgia pain and lumbar stenosis pain. However, it has not been found beneficial for myofascial pain or axial low back pain. Lastly, there is insufficient evidence to recommend it for combined treatment with morphine for DM neuropathic pain. The above patient does not suffer from neuropathic pain but suffers from osteoarthritic joint pain. There is no evidence that Neurontin is useful in this type of pain. Therefore, the request for Gabapentin 400 mg two three times a day is not medically necessary.

Nabumetone 500 MG Two Once A Day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, page(s) Chronic pain discussion Page(s): 67-69.

Decision rationale: Nabumetone is a nonsteroidal medication. The guidelines state that NSAID's in general are indicated for acute exacerbation of pain and should be avoided in the treatme nt of chronic pain and should be a second line drug after the use of acetaminophen because of less side effects. NSAID's have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAID's may actually delay healing of all soft tissue if given on a chronic basis. The above patie nt is being treated for chronic knee pain and not for a acute exacerbation of pain. There is no mention of the utilization of the more benign Tylenol. Therefore, in this specific patient it is not medically indicated to use the nonsteroidal, Nabumetone. Therefore, the request for Nabumetone 500 mg two, once a day is not medically necessary.

Corticosteroid Injection Three Times Per Year Each Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee And Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to Date, on line medical reference from the 5/1/14 article discussing steroid injection of the knee.

Decision rationale: The guidelines state that steroid injection of the knee should be no more frequent than once every 3 months and utilized only if no other therapy is effective. It is noted that osteoarthritis is the joint disease which is least responsive to intraarticular steroid injection and that most of the benefit is usually gone after the first 6 weeks of therapy. However, in this patient we have the end stage of osteoarthritis of the knee and the patient is awaiting bilateral joint replacement. Nabumetone is used and is probably no more effective that Tylenol to treat her chronic pain. No truly effective treatment of the pain other than joint replacement are really available. We do note that the right knee pain was ameliorated for 2-3 months. Therefore, it is clinically warranted to give another bilateral cortisone injection to her knees. Hopefully, the next left knee injection would be more effective. Therefore, the request for corticosteroid injection three times per year for each knee is medically necessary.