

Case Number:	CM14-0054948		
Date Assigned:	07/09/2014	Date of Injury:	02/18/2005
Decision Date:	09/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/24/2014

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 is licensed to practice in Nevada. 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 59 year old male was reportedly injured on February 18, 2005. The mechanism of injury is undisclosed. The most recent progress note, dated January 29, 2014 is incomplete, though indicates that there are ongoing complaints of low back pain and left knee pain. Physical examination findings are unknown. Diagnostic imaging studies are unknown. Previous treatment includes a lumbar spine fusion of L4 to L5 and L5 to S1 with subsequent additional instrumentation at L3 to L4 and removal of hardware at L4 to L5 and L5 to S1. There is also the use of a knee brace and a back brace. A request was made for a psychiatric evaluation, Naproxen, Gabapentin, and a Hyalgan injection for the left knee and was not certified in the preauthorization process on March 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s):) 100-102 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support psychological evaluations for chronic pain to help determine if further psychosocial interventions are indicated to allow for more effective rehabilitation. Review of the available medical records fails to document a reason to refer the injured employee for a psychological evaluation. Furthermore, there is no documentation of a diagnosis of mental illness. As such, this request for a psychiatric evaluation is not medically necessary.

Naproxyn 550 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs); NSAIDs, Gi symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009 Page(s): Page 22 of 127.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. According to the attached medical record, there is no reported decrease pain and increased functional activity related directly to the use of medication. Therefore, this request for Naproxen is not medically necessary.

Gabapentin 600 mg. 1 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs);.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 16-20, 49 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment guidelines considers 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 or are any radicular symptoms noted on physical examination. As such, this request for Gabapentin is not medically necessary.

Hyalglan Injection Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM), Hyalglan injections are indicated for knee pain from osteoarthritis that is unsatisfactory controlled with anti-inflammatories, acetaminophen, weight loss, and exercise. It

is unclear from the attached medical record if the injured employee has knee osteoarthritis or what previous treatment there has been provided for it. Considering this, the request for Hyalgan injections for the left knee is not medically necessary.