

Case Number:	CM14-0061204		
Date Assigned:	07/09/2014	Date of Injury:	02/22/2004
Decision Date:	08/22/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 22, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxant, and dietary supplements. In a Utilization Review Report of April 7, 2014, the claims administrator approved a request for glucosamine, partially certified Flexeril for weaning purposes, approved Naprosyn outright, and partially certified gabapentin, also for weaning purposes. The applicant's attorney subsequently appealed. In a June 11, 2014 progress note, the applicant was described as already permanent and stationary. The applicant has persistent complaints of bilateral knee pain, ranging from 4-6/10. The applicant is having difficulty with prolonged standing and walking activities. The applicant was working full time as a station agent, it was stipulated. The applicant was using topical applications of heat for pain relief. The applicant was status post Synvisc and corticosteroid injections. Additional physical therapy, glucosamine, Flexeril, Naprosyn, and Neurontin were sought. The applicant reported complaints of numbness about the knee. The attending provider posited that ongoing usage of medications were diminishing the applicant's pain complaints and allowing her to remain functional, including at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg. # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 41, cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Gabapentin 600 mg. #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 49, Gabapentin topic.2. MTUS page 19, Gabapentin section.3. MTUS page 3. Page(s): 49, 19, 3.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin or Neurontin is considered a first line treatment for neuropathic pain. In this case, the applicant has symptoms of paresthesias about the knee, suggestive of neuropathic pain. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines further espoused the position that neuropathic pain is characterized by symptoms such as numbness and tingling, as appear to be present here, and further notes that many chronic pain conditions may have central or neuropathic component. Finally, page 19 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates the applicants using gabapentin must be asked at each visit as to whether there have been improvements in pain and/or function with the same. In this case, the applicant is achieving and/or maintaining successful return to work status. Also, with the applicant's ongoing reports of analgesia with gabapentin usage make a compelling case for continuation of the same. Therefore, the request is medically necessary.