

<b>Case Number:</b>	CM14-0068000		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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, has a subspecialty in Interventional Spine 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 a 26 year old with an injury date on 12/18/12. Patient complains of continued pain in left knee rated 4/10, and right knee pain secondary to left knee due to compensation per 3/22/14 report. Patient states that knee pain increases when walking long distances, and skin color of knee becomes red when he walks and returns to normal when he stops walking per 3/22/14 report. Based on the 4/16/14 progress report provided by [REDACTED] the diagnoses are knee pain, lateral meniscus tear in MRI, s/p left knee surgery from 10/7/13. An exam on 4/16/14 showed tenderness to palpation of the left knee in the joint line. Antalgic gait. Skin is dry/clean/intact. No erythema or swelling of the left knee noted. [REDACTED] is requesting 3 month gym membership, Neurontin 100mg, and Biofreeze unknown prescription. The utilization review determination being challenged is dated 5/1/14 and denies Neurontin since it has not been shown to be effective for postoperative pain. [REDACTED] is the requesting provider, and he provided treatment reports from 2/17/14 to 6/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Month Gym Membership:** Upheld

**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 (acute and chronic) Gym Membership.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation ODG Guidelines, Knee Chapter GYM membership.

**Decision rationale:** This patient presents with left knee pain and is s/p left knee arthroscopic debridement of lateral meniscus from 10/7/13. The treater has asked for 3 month gym membership on 4/16/14 to help reduce weight. A QME on 2/17/14 shows patient is 260 pounds, and cannot kneel or climb stairs. The 3/22/14 report states: continue self care, home exercise program and TENS. Regarding gym membership, ODG Guidelines only allow in cases where a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the treater has asked for a 3 month gym membership but does not explain a need for special equipment, why a home exercise program would be inadequate and how the patient's exercises is to be monitored. The request is not medically necessary.

**Neurontin 100 mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** This patient presents with left knee pain and is s/p left knee arthroscopic debridement of lateral meniscus from 10/7/13. The treater has asked for Neurontin 100mg on 4/16/14 as QME dated 2/17/14. Patient is currently taking Tramadol, and has no history of taking Neurontin. QME of 2/17/14 recommends neuropathic medication due to the burning nature of left knee pain. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, a trial of Neurontin would seem reasonable as patient's left knee pain is stated to be neuropathic in nature. The request is not medically necessary.

**Biofreeze unknown prescription:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical medicine, Salicylate Topicals Page(s): 111-113, 105. Decision based on Non-MTUS Citation ODG low back chapter for biofreezeBiofreeze® cryotherapy gel.

**Decision rationale:** This patient presents with left knee pain and is s/p left knee arthroscopic debridement of lateral meniscus from 10/7/13. The treater has asked for biofreeze unknown quantity of prescription on 4/16/14. Regarding biofreeze cryotherapy gel ODG recommends as an optional form of cryotherapy for acute pain for the low back and that biofreeze lasts longer in it's cooling effect. Given the patient's chronic back pain, and relatively cost-effectiveness of this get, the request is not medically necessary.