

Case Number:	CM14-0096071		
Date Assigned:	07/25/2014	Date of Injury:	07/07/2005
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 52 year old male who was injured on 10/13/2004. The mechanism of injury is unknown. There were no diagnostic studies available for review nor prior treatment histories. Follow-up visit note dated 05/09/2014 states the patient presented for chronic bilateral knee pain. On exam, range of motion is full in bilateral knees with flexion and extension. He has increased pain with knee extension bilaterally. He is recommended for a trial of Gabapentin 300 mg and Nortriptyline 25 mg. Progress report dated 05/23/2014 indicates the patient complained of moderate to severe pain in bilateral knees and shoulders. On exam, motor testing is 5/5 in all muscles groups. The right knee revealed positive Q-angle, positive crepitus and medial joint line tenderness. He has a positive McMurray test as well. The left knee revealed well healed scars and negative exam. He has diagnoses of bilateral knee pain and neuropathic pain. He has been recommended for a follow-up with pain management doctor as noted on 05/19/2014. Prior utilization review dated 05/27/2014 by [REDACTED] non-certified the request for Nortriptyline 25mg, Gabapentin 300mg and Follow Up visit with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25mg (Quantity not Specified): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Pain Chapter (chronic), Antidepressants.

Decision rationale: Nortriptyline is a tricyclic antidepressant. Guidelines indicate tricyclics are first-line agent and recommended for neuropathic pain. The patient is diagnosed with neuropathic pain in the medical records. Therefore, this is medically necessary.

Gabapentin 300mg (Quantity not Specified): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabapentin), generic available Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, Gabapentin (Neurontin®).

Decision rationale: According to the CA MTUS guidelines, Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Given the patient has diagnosis of neuropathic pain, the request is medically necessary according to the guidelines.

Follow Up with [REDACTED]: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503 Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

Decision rationale: As per CA MTUS guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate that the consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the provider has requested follow-up with pain management doctor. Medical records show that the patient has diagnoses of bilateral knee pain and neuropathic pains that are not well controlled. The medical necessity is established.