

Case Number:	CM14-0196181		
Date Assigned:	12/04/2014	Date of Injury:	01/30/2004
Decision Date:	01/21/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Pain Management 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 61-year-old female with an injury date of 01/30/2004. Based on the 08/19/2014 progress report, the patient complains of having left hip pain and left knee pain as well as pain in the pelvic region. She has local tenderness in the left hip, positive Patrick's test, and a positive Apley's test in the left knee associated with local swelling and tenderness. There is also myofascial trigger point in the left hip muscle girdle and chronic pain syndrome. The 09/26/2014 report indicates that the patient has pain in the left shoulder and left ankle. She feels depressed, and feels as though she is "not worth it." The patient has tenderness along the cervical paraspinal muscles. She has pain with facet loading as well as pain along the lumbar paraspinal muscles. Her gait is antalgic, wide-based, and she ambulates with a cane. In the left ankle, she has swelling and pain along the retro Achilles tendon and has mild tenderness along the anterior talofibular ligament along the left. She has weakness with dorsiflexion at 4+/5 and 5-/5 with plantar flexion on the left secondary to pain. The 10/16/2014 report states that the patient continues to complain about her left knee. In regards to the left hip, the patient has pain localized to the groin, greater trochanter with rotation. She has a limited range of motion secondary to pain. The patient's diagnoses include the following: carpal tunnel syndrome bilaterally, status post decompression on the right (no date indicated), trapezium arthritis on the right, status post excision (no date provided), CMC and possible STT joint involvement of the thumb on the left, stenosing tenosynovitis on the A1 pulley of the thumb on the left, element of depression, and weight loss of 50 pounds. The utilization review determination being challenged is dated 11/13/2014. Treatment reports were provided from 03/25/2014 - 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs), Gabapentin Page(s): 18-19.

Decision rationale: According to the 09/26/2014 progress report, the patient presents with neck pain, left shoulder pain, left elbow pain, low back pain, left hip pain, left ankle pain, and left knee pain. The request is for Neurontin 600 mg #180. None of the reports provided mention Neurontin; there is no indication of when the patient began taking this medication. MTUS Guidelines pages 18 and 19 revealed the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain." MTUS page 60 also states, "a record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, there is no indication of when the patient began taking Neurontin, nor is there any discussion provided regarding its efficacy. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. Although the provider provides a discussion on the patient's subjective pain, there is no discussion of decrease in pain and functional improvement with taking Neurontin. Given the lack of discussion regarding efficacy, the requested Neurontin is not medically necessary.

Augmentin 875/125mg #20: Upheld

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

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: www.guidelines.gov, The National Guideline Clearinghouse.

Decision rationale: According to the 09/26/2014 progress report, the patient presents with neck pain, left shoulder pain, left elbow, and low back pain, left hip pain, left ankle pain, and left knee pain. The request is for Augmentin 875/125 mg #20. The report with the request was not provided. Review of the reports does not indicate when the patient began taking this medication, nor do any of the reports provided mention it. Per www.guidelines.gov, the National Guideline Clearinghouse, "antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. (Strength of evidence against prophylaxis=C.) If potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation (10-1-14)." The 09/26/2014 report states that the patient "is waiting for surgery for the right knee." The provider does not discuss this request in any of the reports. Although the provider does not discuss the request, it would appear that the

antibiotic is for prophylactic use. MTUS, ACOEM, and ODG Guidelines are silent on the prophylactic use of antibiotics during orthopedic procedures. However, the National Guideline Clearinghouse does not recommend this for clean orthopedic procedures without instrumentation or implantation of foreign materials. Review of the reports does not indicate what type of knee surgery the patient is requesting for, nor has the surgery been authorized yet. Therefore, the requested Augmentin is not medically necessary.