

Case Number:	CM14-0196729		
Date Assigned:	12/04/2014	Date of Injury:	09/16/2008
Decision Date:	01/22/2015	UR Denial Date:	11/17/2014
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 Rehabilitation, has a subspecialty in Interventional 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 patient is a 58 year old male with an injury date on 09/16/2008. Based on the 10/21/2014 progress report provided by the treating physician, the diagnoses are: 1. Bilateral Knees-Patellofemoral Syndrome with DJD, 2. S/P Right Knee Arthroscopy/Right Knee Arthropathy. According to this report, the patient complains of bilateral knee pain "especially when the knees are bent or when squatting or kneeling or climbing." Muscles spasm is noted in both legs (thigh). Pain is rated as an 8/10. Physical exam reveals tenderness at the lateral side of the bilateral knee. Swelling is noted at the right peripatellar. Range of motion of the left knee is 0-65 degrees and right knee is 0-75 degrees. The treatment plan is to re-request for 8 more visit of Acupuncture and refill medications. The patient's condition is "TTD" per QME. The 10/01/2014 report indicates the "Patient is concerned about the numbness he continues to have in his lower leg. He states Neurontin helps with this issue." The patient is S/P lateral meniscectomy and chondroplasty on 08/02/2012. The patient has been treated conservatively with 2 Synvisc injections x3 with 70% improvement and lumbar ESI with benefit. There were no other significant findings noted on this report. The utilization review denied the request for (1) additional acupuncture for the bilateral knees, quantity 8, (2) Gabapentin 300 mg # 90, and (3) Topiramate 50 mg on 11/17/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/06/2014 to 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for the bilateral knees, quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.24.1 Page(s): 8.

Decision rationale: According to the 10/21/2014 report, this patient presents with bilateral knee pain. The current request is for Additional acupuncture for the bilateral knees, quantity 8 "for flaring bilateral knee pain-patient noted long term relief and overall ADL increased during treatment." For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. Review of the provided reports, the treating physician indicates "Acupuncture has also helped alleviating pain;" number of sessions and time frame for this treatment are unknown. The 05/20/2014 and 07/01/2014 report shows there was a request for 8 sessions of Acupuncture; however the request was denied." In this case, it may be reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement. However, the treating physician is requesting for 8 sessions of acupuncture which exceeds what the guidelines recommend for an initial trial. The current request is not medically necessary.

Gabapentin 300 mg # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18, 19, 49.

Decision rationale: According to the 10/21/2014 report, this patient presents with bilateral knee pain. The current request is for Gabapentin 300 mg # 90 and the patient has been taking this medication since 04/09/2013. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of the reports indicate that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. The treating physician indicates the patient states "Neurontin helps." In this case, the patient presents with neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request is medically necessary.

Topiramate 50 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax); antiepileptic drugs for chronic pain Page(s): 21, 16 - 17.

Decision rationale: According to the 10/21/2014 report, this patient presents with bilateral knee pain. The current request is for Topiramate 50 mg. Regarding Topiramate (Topamax), MTUS Guidelines page 21 states "Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." Review of the reports indicate that the patient has neuropathic pain. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. However, the treating physician does not mention that this medication is working. There is no documentation of pain and functional improvement with the use of Topamax. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The current request is not medically necessary.