

Case Number:	CM14-0204576		
Date Assigned:	12/16/2014	Date of Injury:	10/18/2002
Decision Date:	02/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal 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 injured worker (IW) is a 38-year-old woman with a date of injury of October 18, 2002. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post left knee arthroscopy surgery X 4; left superficial peroneal neuropathy (EMG confirmed); left knee flexion contracture; acquired left knee contusion; and depression. Pursuant to the Comprehensive Follow-Up note dated November 11, 2014, the IW reports that she fell due to weakness of the left knee. She complains of severe pain in the left knee particularly in the medial aspect rated 6-7/10. This is her 3rd or 4th fall this year. Examination of the knees reveals medial joint line tenderness across the knees. Mild flexion contracture is present in the left knee. Manual motor strength is 5/5 except left knee flexor and extensor are 4+/5. Range of motion of the knee is restricted. There is diminished sensation to light touch along the medial and lateral border of the left knee. Current medications include Tylenol #3, Naproxen 550mg, Neurontin 600mg, and Protonix 20mg. The IW has been taking Naproxen and Neurontin since at least December 3, 2013 according to a progress note with the same date. There were no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Naproxen and Neurontin. The treating physician is recommending MRI of the left knee, left knee intraarticular injection, and the continuation of current medications. The current request is for Neurontin 600mg #120, and Naproxen 550mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 600 mg #120 is not medically necessary. Gabapentin is recommended for neuropathic pain conditions and fibromyalgia. Gabapentin is an AED (an anti-epilepsy drug). Gabapentin is associated with a modest increase in the number of patients with meaningful pain reduction. There is good evidence indicating gabapentin decreases opiate consumption. The documentation indicates the injured worker has continued paresthesias in the left leg with EMG confirmation of a superficial peroneal neuropathy. Neurontin, as a first-line drug, is indicated based on the neuropathic symptoms. Neurontin 600mg, 1 tablet po BID #60 is the appropriate dosing frequency, not #120. Neurontin is indicated for the neuropathic symptoms documented in the medical record at 60 quantities per month. Consequently, Neurontin 600 #120 is not medically necessary.

Naproxen 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #120 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The documentation indicates Naproxen 550 mg has been prescribed by the treating physician since December 3, 2013. The documentation shows some subjective improvement, however, there is no objective functional improvement documented in the medical record. Naproxen 550 mg is indicated for b.i.d. The treating physician prescribed 120 quantities. This would equate to naproxen 550 mg, 2 tablets b.i.d. Consequently, absent clinical documentation indicating objective functional improvement, the clinical indications for short-term use, Naproxen 550 mg #120 is not medically necessary.