

Case Number:	CM15-0012069		
Date Assigned:	01/29/2015	Date of Injury:	04/14/2009
Decision Date:	04/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 is a 62 year old male, who sustained an industrial injury on April 14, 2009. The diagnoses have included status post left total knee replacement in 2013, status post right total knee replacement on September 11, 2014, lumbar sprain, and right knee sprain. Treatment to date has included physical therapy, home exercise program, x-rays, and oral pain, topical pain and non-steroidal anti-inflammatory medications. On October 31, 2014, the treating physician noted right knee pain of 0-9/10, which is manageable with medication. The physical exam revealed lumbar paravertebral tenderness, which is worse at lumbar 4-lumbar 5 and lumbar 5-sacral 1. Lumbar flexion was to 50% and painful. Straight leg raise was unable to be done due to the instability and pain of the knees. Sensation was intact and deep tendon reflexes were diminished in the bilateral lower extremities. The left knee exam revealed the injured worker walked with a four wheel walker and an antalgic gait. There was a well healed scar on the knee, slight swelling on the scar side, restricted flexion and extension, tenderness on the sides of the scar, intact cruciate function, and negative anterior and posterior drawer tests, and negative Lachman maneuver. The right knee had slight swelling with a surgical scar and bandage. There was tenderness on the sides of the scar. Range of motion could not be assessed due to pain. Bilateral lower extremities had edema on deep palpation of the tibia. On January 21, 2015, the injured worker submitted an application for IMR for review of a prescription for Valium 5mg 1 po qhs prn (by mouth every bedtime as needed) #30 and Neurontin 300mg 1 tab po q8h (by mouth every 8 hours) #270. The Valium 5mg was non-certified based on lack of documentation of efficacy or justification for continued use. The Neurontin was non-certified based on the lack

of documentation of description of radicular pain, neuropathic pain, and diagnosis of radiculopathy or radiculitis. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the FDA (Food and Drug Administration) guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg # 30: Upheld

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 Benzodiazepines Page(s): 24.

Decision rationale: Valium 5mg # 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anti-convulsant and muscle relaxant effects occurs within weeks. The request is not medically necessary as the patient has already been on Valium and additional Valium would further exceed the guideline recommendations of use up to 4 weeks. The request is therefore not medically necessary.

Neurontin 300 # 270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Neurontin 300mg #270 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. They are recommended for neuropathic pain (pain due to nerve damage). The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The documentation is not clear on that the patient has neuropathic symptoms. Without clear neuropathic symptoms Neurontin is not medically necessary.