

Case Number:	CM15-0135756		
Date Assigned:	07/23/2015	Date of Injury:	05/31/2011
Decision Date:	08/20/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 50 year old female sustained an industrial injury to the right knee on 5/31/11. The injured worker developed a mass along the medial side of the knee. The injured worker underwent two knee surgeries to excise the mass. The injured worker subsequently developed arthrofibrosis with flexion contracture of the right knee. Additional treatment included physical therapy, acupuncture, injections, lumbar sympathetic nerve block, bracing and medications. Magnetic resonance imaging right knee (11/24/14) showed an area of tenosynovitis or bursitis surrounding the distal extent of the semimebranosus. In a PR-2 dated 4/15/15, the injured worker complained of pain rated 8/10 on the visual analog scale. The injured worker was initiated on Nortriptyline for neuropathic pain and to help her sleep. Electromyography/nerve conduction velocity test right lower extremity (5/15/15) showed right tibial neuropathy at the tarsal tunnel without evidence of radiculopathy. In a PR-2 dated 5/20/15, the injured worker complained of right knee pain rated 8/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation along the right knee joint line with decreased range of motion, a transitional area of change in sensation along the L5-S1 and L4 distribution and decreased motor strength. Current medications included Neurontin, Nabumetone, Nortriptyline, Cymbalta, Tramadol and Lidoderm patches. Current diagnoses included right knee pain, status post right knee surgery times two, right saphenous nerve neurectomy, possible regional complex pain syndrome of the right leg, low back sprain/strain and left knee pain. The treatment plan included increasing Cymbalta dosage, initiating Nucynta, requesting acupuncture twice a week for three weeks, requesting a knee unloader brace and a right knee injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline Cap 25mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: The requested Nortriptyline Cap 25mg #30 with 5 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend tricyclic anti-depressants as a first-line agent for the treatment of chronic pain, neuropathic pain and depression, "unless they are ineffective, poorly tolerated, or contraindicated." The injured worker has right knee pain rated 8/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation along the right knee joint line with decreased range of motion, a transitional area of change in sensation along the L5-S1 and L4 distribution and decreased motor strength. The treating physician has not documented duration of treatment, or objective evidence of derived functional improvement from its use. The criteria noted above not having been met, Nortriptyline Cap 25mg #30 with 5 refills is not medically necessary.

Nabumetone Tab 750mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Nabumetone Tab 750mg #60 with 5 refills is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has right knee pain rated 8/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation along the right knee joint line with decreased range of motion, a transitional area of change in sensation along the L5-S1 and L4 distribution and decreased motor strength. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Nabumetone Tab 750mg #60 with 5 refills is not medically necessary.

