

Case Number:	CM15-0143089		
Date Assigned:	08/04/2015	Date of Injury:	08/14/2012
Decision Date:	09/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on August 14, 2012. He reported bilateral knee pain. The injured worker was diagnosed as having internal derangement of the left knee status post total knee replacement, internal derangement of the right knee, left knee meniscal tear, left knee sprain and strain and chronic pain syndrome. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the left knee, conservative care, medications and work restrictions. Currently, the injured worker continues to report bilateral knee pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 23, 2015, revealed bilateral knee pain. Flexeril, Naproxen, Gabapentin and Tramadol were continued. Evaluation on May 27, 2015, revealed continued pain as noted. Medications were continued. Evaluation on June 15, 2015, revealed continued pain as noted. It was noted he was not currently working. He reported he had plenty of oral medications during the visit and noted he preferred topical analgesics however, they were not authorized. There were no noted pain assessments including a visual analog scale (VAS) to compare pain intensity as noted by the injured worker, from one visit to the next. Flexeril 7.5mg #60, Gabapentin 600mg #90, Naproxen 550mg #60 and Tramadol ER 150mg #30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

Decision rationale: According to the California (CA) MTUS Guidelines, Gabapentin is shown to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia and has been considered a first line treatment for neuropathic pain. The documentation provided did not include evidence of improved function or documentation of efficacy of the medication. Ongoing assessments of pain and function supported with tools of measurement were not provided. The reports consistently were without a numerical pain rating or description. In addition, there was no diagnoses supporting neuropathic pain. For these reasons, Gabapentin 600mg #90 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Flexeril Page(s): 63-66.

Decision rationale: According to California (CA) MTUS Guidelines Cyclobenzaprine (Flexeril) is a second line treatment secondary to high risk of adverse events. Flexeril is recommended for short-term use and to treat acute exacerbations or flare-ups. It was reported the injured worker had been using this medication for months with no noted improvement in functionality or the ability to perform activities of daily living and no noted decrease in pain frequency or intensity. There were no noted pain assessments supported by numerical scales as indicated by the injured worker to support improvement in pain from ongoing use of the medication. In addition, Flexeril is intended for short term use to treat flare-ups. The documentation supported the injured worker had been treated chronically with the medication with no indication of discontinuing it. For these reasons, Flexeril 7.5mg #60 is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen; NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 61-73.

Decision rationale: According to the California (CA) MTUS Guidelines, Naproxen is a non-steroidal anti-inflammatory (NSAID) used as an option for short-term symptomatic relief. The CA MTUS recommends the use NSAIDS at the lowest dose possible for the shortest period of time to achieve effectiveness for the individual. In this case, the injured worker had been prescribed the NSAID for months with no indication of improved pain or increased function. In addition, the injured worker continued to require work restrictions. Furthermore, the amount of the NSAID prescribed indicated the intention of long-term use. For these reasons, the request for Naproxen 550mg, #60, is not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS Guidelines Tramadol ER is an opioid analgesic recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. There were no pain assessments supported with numerical scales as indicated by the injured worker to compare the intensity of pain from one visit to the next while using this medication. In addition, there was no specific noted functional improvement noted during the duration of the prescription for Tramadol ER. For these reasons, the request for Tramadol ER 150 mg #30 is not medically necessary.