

Case Number:	CM15-0181891		
Date Assigned:	09/23/2015	Date of Injury:	09/15/1997
Decision Date:	11/03/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/15/2015

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: Massachusetts

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

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 58 year old male with an industrial injury date of 09-15-1997. Medical record review indicates he is being treated for left knee meniscus injury post 4 arthroscopic surgeries, right knee meniscus injury post 3 arthroscopic surgeries and left knee degenerative joint disease. Medical conditions include diabetes and hypertension. Subjective complaints (08-10-2015) are documented by the treating physician as follows: "He states since the medications were denied he is doing much worse. He states his pain in his back and knees are out of control. He tried to stay off Xanax but the anxiety due to his pain was out of control and he had to pay for the medications out of pocket. He is still waiting for his knee viscosupplementation which allows him to stay active." In the progress note dated 05-26-2015 the treating physician documents activities of daily living as: "He can comb his hair, brush his teeth and bathe without assistance. He will do light household chores such as washing dishes and sweeping." "Because of severe bilateral knee pain he rarely goes out of the house on a daily basis. He finds it difficult to drive an automobile because of severe low back and bilateral knee pain." In the progress note dated 05-07-2015 his pain rating is documented as 10 out of 10 without and "barely tolerable" at 6-7 out of 10 with medications. The 03-16-2015 progress note documents the pain rating as 10 out of 10 without and 7 out of 10 with medications. On 08-10-2015 work status is "off work." Prior treatments include lumbar surgery, left knee surgery, anti-inflammatory medications and narcotic analgesics. "In addition he was offered physical therapy sessions, acupuncture treatments and epidural injections." The injured worker stated that "all of the interventions that were offered failed to achieve lasting benefits." Objective findings (08-10-2015) are documented

as a "moderate" degree of pain "resting in a chair in no acute distress." He is able to transfer with guarding and stiffness to standing. He ambulates with stiff antalgic gait due to knee pain. His medications are documented as Butrans, Gabapentin (since 01-17-2014), Norco, Xanax (since 11-12-2014) and Effexor XR. The request for authorization dated 08-11-2015 is for Gabapentin 800 mg #90 and Xanax 0.5 mg #60. On 08-18-2015 utilization review issued the following decision - Xanax 0.5 mg # 60, Gabapentin 800 mg # 90 medically denied. Weaning recommended, approved x 1 month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2005 and continues to be treated for knee pain. In May 2015 he was having stabbing knee pain. Medications were decreasing pain from 10/10 to 6-7/10 and allowing him to be able to get around. When seen in August 2015, his medications had been denied and he was doing much worse. He was having back and knee pain which was out of control. Physical examination findings included decreased knee range of motion with popping bilaterally. He had a stiff and antalgic gait and had stiffness when standing and guarding when transitioning positions. Medications being prescribed include gabapentin at a dose of 2400 mg per day and Xanax which is being prescribed for anxiety on a long-term basis. His past medical history includes constipation, gastroesophageal reflux disease, hypertension, and diabetes. Xanax (alprazolam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the claimant has knee pain due to osteoarthritis. Although he has diabetes, he does not take medications for this condition and there is no evidence of a painful diabetic peripheral neuropathy. The presence of neuropathic pain is not supported and the request is not considered medically necessary.

Gabapentin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant has a remote history of a work injury occurring in January 2005 and continues to be treated for knee pain. In May 2015 he was having stabbing knee pain. Medications were decreasing pain from 10/10 to 6-7/10 and allowing him to be able to get around. When seen in August 2015, his medications had been denied and he was doing much worse. He was having back and knee pain which was out of control. Physical examination findings included decreased knee range of motion with popping bilaterally. He had a stiff and antalgic gait and had stiffness when standing and guarding when transitioning positions. Medications being prescribed include gabapentin at a dose of 2400 mg per day and Xanax which is being prescribed for anxiety on a long-term basis. His past medical history includes constipation, gastroesophageal reflux disease, hypertension, and diabetes. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the claimant has knee pain due to osteoarthritis. Although he has diabetes, he does not take medications for this condition and there is no evidence of a painful diabetic peripheral neuropathy. The presence of neuropathic pain is not supported and the request is not considered medically necessary.