

Case Number:	CM15-0183933		
Date Assigned:	09/24/2015	Date of Injury:	08/14/2012
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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, California
 Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on 8-14-12. The injured worker is undergoing treatment for left total knee replacement with internal derangement, right knee internal derangement with bone on bone and chronic pain syndrome. Medical records dated 6-15-15 indicates the injured worker complains of knee pain. The treating physician indicates "he is having excruciating pain on the right side" (the treating physician did not include pain scale in the 6-15-15 note). Physical exam dated 6-15-15 notes bilateral knee tenderness to palpation with painful range of motion (ROM) on the right. Treatment to date has included left total knee replacement, physical therapy, topical and oral medication. The original utilization review dated 8-21-15 indicates the request for Flexeril 7.5mg #60 and Naproxen 550mg #60 is certified and Gabapentin 600mg #90 and Tramadol ER 150mg #30 is non-certified noting lack of documentation of neuropathic component.

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 Medical Treatment 2009.

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

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

Tramadol ER 150mg #30: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on NSAIDS and currently placed on Tramadol without mention of pain score trends in recent notes. There is no mention of Tylenol failure. The continued use of Tramadol is not justified and not medically necessary.