

Case Number:	CM15-0030971		
Date Assigned:	02/24/2015	Date of Injury:	08/16/2011
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, New York, California
 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 applicant is a represented 59-year-old [REDACTED] employee who has filed a claim for chronic bilateral knee pain reportedly associated with an industrial injury of August 16, 2011. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve knee braces, Neurontin, and tramadol. A January 14, 2015 progress notes was referenced in the determination. On January 14, 2015, the applicant apparently consulted an orthopedist reporting bilateral knee pain. The applicant stated that his knee had given out on occasion. The applicant reported difficulty stooping, bending, and squatting. The applicant reported difficulty negotiating stairs. The applicant had apparently alleged multifocal pain complaints, including knee, wrist, and shoulder pain, reportedly attributed to cumulative trauma at work. The applicant was status post knee surgery in 2002. The applicant had also undergone left and right carpal tunnel release surgeries. The applicant was given permanent work restrictions. The applicant had x-rays demonstrating severe bilateral knee arthritis. The applicant was asked to employ Celebrex, tramadol, and Neurontin for pain relief. Permanent work restrictions were endorsed. It was acknowledged that the applicant was not working as his employer was unable to accommodate previously imposed permanent limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 set of bilateral knee unloader braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee (acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: No, the request for bilateral knee braces was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, knee brace is usually unnecessary. Rather, knee braces are typically necessary only if an applicant is going to stressing the knee under load, such as by climbing ladders or carrying boxes. Here, the applicant was/is no longer working, the treating provider acknowledged. The applicant, thus, is unlikely to be climbing ladders and/or carrying boxes on a regular, day-to-day basis. Therefore, the request was not medically necessary.

Gabapentin 600mg #120 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 3 of 127.

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is indicated in the treatment of neuropathic pain, in this case, however, the applicant presented on January 14, 2015 reporting ongoing issues with bilateral knee pain, mechanical, exacerbated by activities such as kneeling, bending, squatting, standing, and walking. The applicant's knee pain complaints were attributed to knee arthritis. The applicant did not have any issues or symptoms with numbing, tingling, and/or burning sensations which characterize neuropathic pain, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Tramadol ER 150mg #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Medications for chronic pain Page(s): 94; 60.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. While page 94 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol, a synthetic opioid, is indicated for moderate-to-severe pain, as was/is present here. This recommendation is, however, qualified by commentary made on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that analgesic medications should show effects within one to three days. Here, thus, the first-time request for tramadol in an amount of 60 tablets, with one refill, was at odds with MTUS principles and parameters as it did not contain a proviso to re-evaluate the applicant following introduction of tramadol so as to ensure a favorable response to the same. Therefore, the request was not medically necessary.