

Case Number:	CM15-0058152		
Date Assigned:	04/02/2015	Date of Injury:	07/08/2010
Decision Date:	05/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/26/2015

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 51 year old male who sustained an industrial injury on July 8, 2010. He reports pain in bilateral knees and has been diagnosed with right knee medial meniscus tear status post right knee medial meniscectomy, right knee lateral meniscus tear status post right knee lateral meniscectomy, right knee osteoarthritis, and left knee osteoarthritis. Treatment has included surgery, chiropractic therapy, acupuncture, orthovisc injections, and medications. Currently the injured worker had pain in the right knee located inside the knee and left knee pain located in the anterior aspect of the knee. The treatment request included naproxen, gabapentin, and orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen for over 6 months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. It was used in combination with Norco Pain levels remained high at 8/10. Continued use of Naproxen is not medically necessary.

60 tablets of Gabapentin 600 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

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 in combination with Norco and Naproxen still resulted in a 6-8/10 pain. Continued use of Gabapentin is not medically necessary.

60 tablets of Orphenadrine Citrate 100mg ER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: According to the guidelines, Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. It is a muscle relaxant. They are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant was on Naproxen as well as Orphenadrine. The claimant had been on muscle relaxants including Zanaflex for several months. Continued and chronic use of Orphenadrine is not medically necessary.