

Case Number:	CM15-0089429		
Date Assigned:	05/13/2015	Date of Injury:	01/30/2007
Decision Date:	06/15/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 42 year old male, who sustained an industrial injury on 1/30/07. The injured worker has complaints of bilateral knee and ankle pain, constant burning sensation in the lower extremities. The documentation noted on examination that the bilateral knee exam reveals swelling around the knee joints and passive range reveals crepitus. The diagnoses have included plantar fibromatosis. Treatment to date has included cortisone injections in his feet; orthotics; electro diagnostic studies of the left lower extremities confirming a diagnosis of tarsal tunnel syndrome; bilateral tarsal tunnel releases in both feet, initially on the right on 8/2/08 and of the left foot on 2/18/09; electro diagnostic studies of both legs were within normal limits; magnetic resonance imaging (MRI) of the right knee 5/17/12 showed no evidence of any internal derangement in the right knee; physical therapy; wedging; anti-inflammatories; nucynta extended release; norco and neurontin; ankle and knee braces; magnetic resonance imaging (MRI) of the right hip dated 12/30/14 noted there was no evidence of residual trochanteric bursitis, and there are mild degenerative changes in the right hip, primarily the acetabulum; magnetic resonance imaging (MRI) of the left noted there was no evidence of a plantar fasciitis and magnetic resonance imaging (MRI) of the right foot, noted there is some minimal change in the joint space of the metacarpophalangeal joint of the right great toe. The request was for nucynta extended release 200mg quantity 60; neurontin 800mg quantity 90 and hinged bilateral knee braces and ankle socks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta extended release 200mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 42 year old male has complained of knee pain, ankle pain and foot pain since date of injury 1/30/07. He has been treated with physical therapy, steroid injections and medications to include opioids since at least 01/2013. The current request is for Nucynta. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Nucynta is not medically necessary.

Neurontin 800mg quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: This 42 year old male has complained of knee pain, ankle pain and foot pain since date of injury 1/30/07. He has been treated with physical therapy, steroid injections and medications to include Gabapentin since at least 01/2013. The current request is for Gabapentin. The current request is for Gabapentin. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records, which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not medically necessary.

Hinged Bilateral Knee Braces and Ankle Socks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of knee braces.

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

Decision rationale: This 42 year old male has complained of knee pain, ankle pain and foot pain since date of injury 1/30/07. He has been treated with physical therapy, steroid injections and medications. The current request is for hinged bilateral knee braces and ankle socks. Per the MTUS guidelines cited above, a knee brace is not recommended for the treatment of knee arthritis. The MTUS guidelines state that a brace may be used for the following diagnoses although the benefits have not been proven: patellar instability, anterior cruciate ligament tear and medial collateral ligament instability. There is no documentation in the available medical records to support that the patient has any of these stated conditions. A knee brace is therefore not medically necessary.