

Case Number:	CM14-0147193		
Date Assigned:	09/15/2014	Date of Injury:	05/09/2006
Decision Date:	11/12/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 years old female with an injury date on 05/09/2004. Based on the 07/28/2014 progress report provided by [REDACTED], the diagnoses are: 1. History of ACL reconstruction right knee. 2. History of previous meniscectomy. 3. Left knee sprain. 4. Chronic low back pain. 5. Morbid obesity. 6. History of diabetes. 7. Hypertension. 8. History of reactive depression (stable now with Zoloft). 9. Dyspepsia from medication. According to this report, the patient complains of neck pain with headaches that radiates to the lumbar spine. Pain is rated as an 8-9/10. Weakness is noted in the bilateral upper and lower extremities. The patient states "with the assistance of medication her pain does goes down to a manageable level." Physical exam shows sever tenderness throughout the lumbar paravertebral; worse at L4-L5 and L5-S1 and at the medial joint line of the bilateral knee. Range of motion is "much restricted." Straight leg raise and patellar compression test are positive, bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 08/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/27/2014 to 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 300MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPTIC DRUG Page(s): 49,78 AND 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18, 19, 49.

Decision rationale: According to the 07/28/2014 report by treating physician this patient presents with neck pain with headaches that radiates to the lumbar spine. Pain is rated as an 8-9/10. The treating physician is requesting Gabapentin 300 mg # 60. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of reports show no mentions of gabapentin and it is unknown exactly when the patient initially started taking this medication. In this case, the reports indicate the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treating physician does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 requires that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request is not medically necessary.

METFORMIN 500MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60, 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes chapter under Metformin (Glucophage)

Decision rationale: According to the 07/28/2014 report by treating physician this patient presents with neck pain with headaches that radiates to the lumbar spine. Pain is rated as an 8-9/10. The treating physician is requesting Metformin 500 mg #30. The MTUS and ACOEM Guidelines do not address Metformin; however, ODG Guidelines state that Metformin is "Recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. (Nicholson, 2011) As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations." Review of reports shows that the patient has a "history of diabetes;" however, there is no mention of type 2 diabetes. Metformin is recommended as first-line treatment of type 2 diabetes. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there are no monitoring of the patient's blood sugar, A1C level, lifestyle monitoring for Diabetic control, etc. Therefore, the request is not medically necessary.

SERTRALINE 50MG ONE P.O.Q.D. #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: According to the 07/28/2014 report by [REDACTED] this patient presents with neck pain with headaches that radiates to the lumbar spine. Pain is rated as an 8-9/10. The treating physician is requesting Sertraline 50 mg one p.o.q.d #30. Regarding antidepressants, MTUS recommends it for neuropathic pain, and as a possibility for non-neuropathic pain. Review of reports show no mentions of Sertraline and it is unknown exactly when the patient initially started taking this medication. In this case, the patient is prescribed Sertraline for probably neuropathic pain. However, there was no discussion of the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request is not medically necessary.