

Case Number:	CM14-0176262		
Date Assigned:	10/29/2014	Date of Injury:	12/29/2008
Decision Date:	12/05/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/24/2014

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 Emergency Medicine 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 injured worker is a 51 year-old female, who sustained an injury on December 29, 2008. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included October 13, 2014 left knee arthroplasty, physical therapy, medications. The current diagnoses are pain disorder, psychological factor, depression, knee degenerative joint disease, and left knee patellofemoral arthritis. The stated purpose of the request for Gabapentin 600mg, #30 with 1 refill was not noted. The request for Gabapentin 600mg, #30 with 1 refill was denied on October 11, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Gabapentin 800mg, #90 with 1 refill was not noted. The request for Gabapentin 800mg, #90 with 1 refill was denied on October 11, 2014, citing a lack of documentation of lack of functional improvement. The stated purpose of the request for Tizanidine 4mg, #90 with 1 refill was not noted. The request for Tizanidine 4mg, #90 with 1 refill was denied on October 11, 2014, citing a lack of documentation of acute flare-up. The stated purpose of the request for Voltaren 1% topical gel, 5 tubes with 1 refill was not noted. The request for Voltaren 1% topical gel, 5 tubes with 1 refill was modified for QTY #1 on October 11, 2014, citing the need for short-term use only. The stated purpose of the request for Oxycodone 15mg, #180 was for moderate to severe pain. The request for Oxycodone 15mg, #180 was denied on October 11, 2014, citing a lack of documentation of functional improvement. Per the report dated October 2, 2014, the treating physician noted complaints of knee and arm pain and is scheduled for October 13, 2014 left knee arthroplasty. Exam findings included tender knee with painful motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Gabapentin 600mg, #30 with 1 refill, is not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage." The injured worker has knee and arm pain and is scheduled for October 13, 2014 left knee arthroplasty. The treating physician has documented tender knee with painful motion. The treating physician has not documented symptoms of radicular/neuropathic pain nor exam evidence indicative of nerve compromise. The criteria noted above not having been met, Gabapentin 600mg, #30 with 1 refill is not medically necessary.

Gabapentin 800mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Gabapentin 800mg, #90 with 1 refill, is not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage." The injured worker has knee and arm pain and is scheduled for October 13, 2014 left knee arthroplasty. The treating physician has documented tender knee with painful motion. The treating physician has not documented symptoms of radicular/neuropathic pain nor exam evidence indicative of nerve compromise. The criteria noted above not having been met, Gabapentin 800mg, #90 with 1 refill is not medically necessary.

Tizanidine 4mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Tizanidine 4mg, #90 with 1 refill, is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not

recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has knee and arm pain and is scheduled for October 13, 2014 left knee arthroplasty. The treating physician has documented tender knee with painful motion. The treating physician has not documented duration of use, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 4mg, #90 with 1 refill is not medically necessary.

Voltaren 1% topical gel, 5 tubes with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Voltaren Gel

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents; Non-steroidal anti-inflammatory me.

Decision rationale: The requested Voltaren 1% topical gel, 5 tubes with 1 refill, is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has knee and arm pain and is scheduled for October 13, 2014 left knee arthroplasty. The treating physician has documented tender knee with painful motion. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Voltaren 1% topical gel, 5 tubes with 1 refill is not medically necessary.

Oxycodone 15mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The requested Oxycodone 15mg, #180, is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has knee and arm pain and is scheduled for October 13, 2014 left knee arthroplasty. The treating physician has documented tender knee with painful motion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living, reduced work

restrictions, decreased reliance on medical intervention, measures of opiate surveillance including an executed narcotic pain contract, or urine drug screening. The criteria noted above not having been met, Oxycodone 15mg, #180 is not medically necessary.