

Case Number:	CM14-0177601		
Date Assigned:	10/31/2014	Date of Injury:	06/21/2011
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 55 year old female who sustained a work injury on 6-21-11 to the neck, wrist/hand, bilateral shoulder and right knee. The claimant is currently treating with medications. Office visit on 8-21-14 notes the claimant complains of neck, wrist/hand, bilateral shoulder and right knee pain. The claimant is taking medications to include Norco, Naproxen, Topiramate, and LidoPro. Office visit on 8-22-14 notes the claimant was seen for right knee pain. The claimant was status post right knee arthroscopy with meniscectomy performed on 9-5-13. The claimant was seen for follow-up post Synvisc injection and reported she was 70% better. The claimant had decrease swelling. Exam on 9-30-14 noted the claimant had approval for 6 physical therapy sessions. The claimant was continued on Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Page(s): 49 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics, Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Anti -Epileptics

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-epileptics are recommended for neuropathic pain. There is an absence in documentation noting that this claimant has objective findings of radiculopathy on exam or that she has neuropathy. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Muscle Relaxants.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the request is not medically necessary.

Fenoprofen 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs Page(s): 22 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - NSAIDs.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is an absence in documentation documenting medical necessity for the long term use of an NSAID. There is no documentation of functional improvement with this medication. Therefore, the request is not medically necessary.