

Case Number:	CM14-0085690		
Date Assigned:	07/23/2014	Date of Injury:	10/04/2007
Decision Date:	10/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/09/2014

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 Nevada. 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 53 year-old female who was reportedly injured on 10/4/2007. Mechanism of injury is noted as a slip and fall. The most recent progress note dated 4/29/2014, indicates that there were ongoing complaints of right knee pain. No physical examination documented. An MRI of the right knee with intraarticular contrast, dated 11/8/2013, demonstrated patellofemoral chondromalacia, no evidence of a meniscal tear, a Baker's cyst, and findings consistent with a partial medial meniscectomy. Diagnosis: knee osteoarthritis. Previous treatment includes right knee surgery, viscosupplementation, acupuncture, therapy, patellar stabilizer brace, and medications. A request was made for Neurontin 300 mg #90, Soma 350 mg #60, and Motrin 800 mg #90, which was denied in the utilization review on 5/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, #90.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines anti-epileptic drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: MTUS treatment guidelines supports Neurontin for treatment of diabetic neuropathy, post-herpetic neuralgia and is considered first-line treatment for neuropathic pain. Review of the available medical records documents chronic knee pain due to osteoarthritis after a slip and fall in 2007; however, the claimant has no objective findings of neuropathic pain or radiculopathy. As such, this request does not meet guideline criteria and is not considered medically necessary.

Soma 350mg, #60.: 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 Page(s): 29.

Decision rationale: The CA MTUS guidelines specifically recommend against the use of Soma and indicate that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the chronic pain medical treatment guidelines. As such, this request is not considered medically necessary.

Motrin 800mg, #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 Page(s): 22.

Decision rationale: Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication which is considered traditional first-line treatment to reduce pain to improve function. The MTUS guidelines caution against long-term use and recommend that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Review of the available medical records documents chronic right knee pain due to osteoarthritis; but fails to document objective improvement in pain or function. As such, this request is not considered medically necessary.