

Case Number:	CM15-0119562		
Date Assigned:	07/23/2015	Date of Injury:	05/05/2014
Decision Date:	08/25/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal Medicine

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 44-year-old male, who sustained an industrial injury on 5/5/14. He reported a right knee injury after a fall. The injured worker was diagnosed as having fractured tibia plateau. Treatment to date has included physical therapy, home exercise program, oral medications including Gabapentin, Tramadol and Voltaren and activity restrictions. Currently on 5/26/15, the injured worker complains of a lot of right knee pain with walking and at night, rated 9/10 without medication and 2-3/10 with medications. He is currently not working. Physical exam of right knee performed on 5/26/15 noted large soft mass of posterior thigh, tenderness of lateral tibial plateau with percussion and medial sub condylar tibial plateau with percussion, there is also restricted range of motion due to pain. The treatment plan included request for Supartz injections, offloading brace, tramadol and continuation of gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Supartz injections, 5 series: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

Decision rationale: CA MTUS is silent regarding Supartz injections, therefore ODG was consulted. According to ODG guidelines, Supartz injections are recommended for severe osteoarthritis of patients who have not responded to conservative treatment. While osteoarthritis of the knee is a recommended indication, the guidelines also recommend only for patients who have failed conservative therapy and failed to respond to steroid injections. On 3/12/15, the provider noted 80% reduction in pain following cortisone injection. Based on the guidelines and the documentation submitted, the request for Supartz injections is not medically necessary.

1 prescription of Gabapentin 600mg #30 with 2 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Gabapentin Page(s): 16-19.

Decision rationale: CA MTUS guidelines recommend Gabapentin (an anti-epilepsy drug) as a first line treatment for diabetic painful neuropathy, post herpetic neuralgia, and recommended as a trial for lumbar spinal stenosis. The recommended trial period is "three to eight weeks for titration then one to two weeks at maximum tolerated dosage." The injured worker noted right knee pain. The objective findings from the provider did not indicate the symptoms were neuropathic. The injured worker does not have a diagnosis of diabetes or post-herpetic neuralgia. Therefore, the request for Gabapentin 600mg #30 is not medically necessary.