MAXIMUS Federal Services

Case Number:	CM15-0176962		
Date Assigned:	09/17/2015	Date of Injury:	02/13/2004
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female who sustained an injury on 2-13-04. Diagnoses include tear medial meniscus bilateral knees; anterior cruciate ligament left knee; musculoligamentous sprain lumbar spine with lower extremity radiculitis; disc bulges L3-4, L4-5, L5-S1; right shoulder rotator cuff tear; bilateral shoulder tendinitis; head injury. Surgeries since her injury include right arthroscopy with partial medial menisectomy 12-8-09; right shoulder arthroscopy partial resection of glenoid labrum and open repair of rotator cuff 7-25-06; arthroscopy left knee arthroscopy with partial medical menisectomy, chrondroplasty and debridement 9-8-04. 8-13-15 PR2 report indicates she is taking Hydrocodone, Ibuprofen, Omeprazole, Cyclobenzaprine, Zolpidem and Gabapentin and that the pharmacy lost her last prescription. She is not working and is not attending therapy. She has neck stiffness and pain; limited range of motion; low and mid back pain increasing on the left side; increasing throbbing deep and burning pain that radiates down the left leg to the foot. Both knees have pain and limited range of motion; swelling in both; both shoulders are painful and limited range of motion and both wrist have numbness and weakness with gripping. The plan was to continue exercises and prescriptions for Ketorolac 60 mg with Lidocaine 1 ml injection; Gabapentin 300 mg quantity 60 with 5 refills. Utilization review 8-20-15 Ketorolac 60 with Lidocaine and Gabapentin 300 mg non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketorolac 60mg with Lidocaine 1ml injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient was injured on 02/13/04 and presents with pain in her neck, mid back, low back, both knees, both shoulders, and both wrists. The request is for Ketorolac 60mg with Lidocaine 1ml injection. The RFA is dated 08/14/15 and the patient is not currently working. MTUS Guidelines states on pg.72, Ketorolac "This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain, study demonstrated that there is "no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain." The patient has tenderness over the T9-10, neck stiffness/pain, a limited range of motion of the neck, swelling knees, popping and giving out knees, a limited range of motion of the shoulders, numbness in the hands, and weakness with gripping. She is diagnosed with tear medial meniscus bilateral knees; anterior cruciate ligament left knee; musculoligamentous sprain lumbar spine with lower extremity radiculitis; disc bulges L3-4, L4-5, L5-S1; right shoulder rotator cuff tear; bilateral shoulder tendinitis; head injury. As of 08/13/15, the patient is taking Hydrocodone, Ibuprofen, Zolpidem, Cyclobenzaprine, and Gabapentin. The request is for a Ketoroloac with Lidocaine injection to the upper arm or upper buttock area intra-muscularly for relief of the patient’s neck and back symptoms. The patient has had prior injections on 01/19/15 and 02/02/15; however, the results of these injections are not provided. Furthermore, the treater does not discuss why the patient needs Ketorolac injection in addition to taking oral NSAIDs, which provides comparable levels of analgesia. Additionally, MTUS does not recommend this medication for "minor or chronic painful conditions." Available progress reports do not indicate that the current injection request is for an acute episode of pain. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Gabapentin 300mg qty: 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Gabapentin 300mg qty: 60 with 5 refills. The patient was injured on 02/13/04 and presents with pain in her neck, mid back, low back, both knees, both shoulders, and both wrists. The request is for Gabapentin 300mg qty: 60 with 5 refills. The RFA is dated 08/14/15 and the patient is not currently working. MTUS, Antiepilepsy drugs (AEDs) Section,

pages 18 and 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post- therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." The patient has tenderness over the T9-10, neck stiffness/pain, a limited range of motion of the neck, swelling knees, popping and giving out knees, a limited range of motion of the shoulders, numbness in the hands, and weakness with gripping. She is diagnosed with tear medial meniscus bilateral knees; anterior cruciate ligament left knee; musculoligamentous sprain lumbar spine with lower extremity radiculitis; disc bulges L3-4, L4-5, L5-S1; right shoulder rotator cuff tear; bilateral shoulder tendinitis; head injury. The treater does not specifically discuss efficacy of Gabapentin on the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Gabapentin IS NOT medically necessary.