

Case Number:	CM15-0067082		
Date Assigned:	04/14/2015	Date of Injury:	09/15/1997
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/08/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 57 year old male who sustained an industrial injury on September 15, 1997. Prior treatment includes arthroscopic surgery to the right knee and medications. Currently the injured worker complains of constant pain in the right knee. Diagnoses associated with the request included left knee meniscus injury, right knee meniscus injury and left knee degenerative joint disease. The treatment plan included Butrans, gabapentin, Xanax and Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

Decision rationale: Guidelines state gabapentin may be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and may be first line treatment for neuropathic

pain. But Gabapentin is not recommended for treatment of chronic knee pain. In this case, the patient has chronic knee pain. The request for gabapentin 800 mg #90 is not medically appropriate and necessary.

Xanax 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Benzodiazepines are not recommended for long term use due to unproven efficacy and risk for dependence. In this case, the use of xanax long term is not recommended by guidelines. There is no evidence for extenuating circumstances which provides medical evidence for chronic use. The request for xanax 0.5 mg #30 is not medically necessary and appropriate.

Effexor XR 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

Decision rationale: Guidelines recommend antidepressants for chronic pain as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are first line agents unless shown to be ineffective. In this case, there is no indication for using a selective serotonin and norepinephrine reuptake inhibitors such as Effexor. The request for Effexor XR 75 mg #60 is not medically appropriate and necessary.