

Case Number:	CM15-0074326		
Date Assigned:	04/24/2015	Date of Injury:	03/14/2014
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45-year-old female, who sustained an industrial injury on 03/14/2014. According to a progress report dated 04/01/2015, the injured worker had ongoing neck and low back pain, right knee pain and right ankle pain. A cortisone injection to the right knee gave her temporary relief. Diagnoses included right knee internal derangement with MRI of the right knee from 05/05/2014 showing free edge radial tear of the medial and lateral meniscus and mild patellofemoral chondromalacia, partial tearing of the anterior talofibular ligament, discogenic cervical condition with facet inflammation, thoracic sprain/strain and discogenic lumbar condition with facet inflammation. Treatment plan included acupuncture therapy for the neck and low back, referral to podiatry, right knee surgery, TENS unit, LidoPro lotion, Tramadol ER, Gabapentin, Protonix, Naproxen, Flexeril, Polar Care 21 day rental and range of motion brace. Currently under review is the request for Gabapentin, Topamax and Polar Care 21 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The treating physician does not document neuropathic pain, improved functionality or decreased pain after starting Gabapentin. Based on the clinical documentation provided, there is no evidence that after starting a trial of Gabapentin that the patient was asked at each subsequent visit if the patient had decreased pain and improved functionality. As such, the request for Gabapentin 600mg #90 is not medically necessary.

Topamax 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax), Antiepileptic Drugs Page(s): 113, 21.

Decision rationale: Topamax is the brand name version of Topiramate, which is an anti-epileptic medication. MTUS states that anti-epilepsy drugs are recommended for neuropathic pain, but do specify with caveats by medication. MTUS states regarding Topamax, "has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of 'central' etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard." Medical records do not indicate the failure of other first line treatments. Additionally, the treating physician has not provided documentation of neuropathic type pain, or objective functional improvement with the use of this medication. As such, the request for Topamax 50mg #60 is not medically necessary.

Polar care x 21 day rental: Upheld

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

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

Decision rationale: MTUS and ACOEM are silent regarding this topic. ODG states, "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated." A 7 day post-operative time period is reasonable and within guidelines. The treating physician does not include additional information that would justify the use of a cold therapy unit in excess of the guideline recommendation. The original utilization review modified and approved for 7 day rental of cold therapy unit, which was appropriate. As such, the request for Polar care x 21 day rental is not medically necessary.