

Case Number:	CM14-0216246		
Date Assigned:	01/06/2015	Date of Injury:	06/25/2012
Decision Date:	10/20/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 65 year old female injured worker suffered an industrial injury on 6-25-2012. The diagnoses included lumbar strain-strain, right ankle pain, bilateral knee pain, and internal derangement of the knees. On 11-10-2014, the treating provider reported neck pain that radiated down the bilateral upper extremities. There was low back pain that radiated down the bilateral lower extremities and pain in the ankles and stated the body pain is all over rated 1 out of 10 with medications and 9 out of 10 without medications. The provider reported the use of non-steroidal anti-inflammatory drugs, opioid pain medications were helpful with time until relief is 30 minutes with relief lasting 3 to 4 hours. The functional improvement as a result of medication include bathing, brushing teeth, caring for pet, cleaning, climbing stairs, combing washing hair concentration, cooking, doing laundry, dressing, driving, exercising at home, mood, reading, sexual relations, shopping, sitting, sleeping, standing etc. On exam, there was tenderness of the right wrist, bilateral knees and right ankle. Prior treatments included right ankle cortisone injections 9-2014. The diagnostics included right ankle magnetic resonance imaging 8-11-2013 The Utilization Review on 11-24-2014 determined non-certification for Gabapentin 600mg #30 and Ketoprofen 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #30: 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: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

Ketoprofen 50mg #30: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months in combination with Tramadol and hydrocodone with 8/10 pain. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Ketoprofen is not medically necessary.