

Case Number:	CM13-0034325		
Date Assigned:	12/06/2013	Date of Injury:	03/30/2011
Decision Date:	01/15/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41-year-old male who reported a work related injury on 3/30/11, as a result of a fall. Subsequently, the patient underwent a right below-the-knee amputation (BKA). A clinical note dated 9/12/13 reports that the patient was seen under the care of [REDACTED], who documented that the patient presents for complaints of the toes of the left foot, left knee, right foot, heart, and low back. The right BKA had periodic infections which required antibiotic treatment. The patient has continued pain that requires use of Hydrocodone, and the provider documents the patient awakens at night. The patient has been offered other medications; however, the patient is afraid of dependency. The patient's prosthetic is less offset, with a better alignment and less bell clapping. There is quite a bit of skin redundancy, but the infections have cleared. The patient has a wear spot of the silicon sleeve. Tenderness about the left knee was also noted. The patient has 90 degrees of flexion of the very short amputation. With the exception of numbness along the distal portion of the right leg, the patient is neurologically intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: The patient reports neuropathic pain complaints that have continued since the injury. The California MTUS states that "Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy, postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain"; however, documentation of significant efficacy to support the patient's current medication regimen was not supplied. Given the lack of documentation of the patient's specific neuropathic pain complaints as well as efficacy of the patient's treatment with this medication, the request is non-certified.

Norco #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The provider documented that the patient utilizes 1.5 tabs of Norco four times a day for his pain complaints, but that the patient continued with 7/10 pain. The clinical notes failed to evidence whether the patient utilizes other lower levels of conservative treatment for his chronic pain complaints. California MTUS indicates, Norco "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." However, since the provider failed to submit the strength of the requested medication, as well as any conservative treatments currently prescribed, the request is not medically necessary or appropriate

Naprosyn 375mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

Decision rationale: The clinical notes failed to evidence significant positive efficacy with the patient's current medication regimen for his pain complaints. In addition, guidelines indicate general anti-inflammatories are not to be utilized in a chronic nature due to adverse gastrointestinal effects. The documentation provided lacks evidence to support the long-term necessity of this medication, and the provider also does not render a request with a specific quantity of this tablet; therefore, the request is not medically necessary or appropriate.

Trazodone 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

Decision rationale: The provider documents that the patient continues to present with sleep pattern complaints, and the clinical notes document the patient has been utilizing this medication in a chronic manner. California MTUS/ACOEM does not specifically address Trazodone, but the Official Disability Guidelines do indicate that "Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements of sleep onset may be offset by negative next day effects such as ease of awakening." Given the lack of documented efficacy with the patient's utilization of Trazodone for his sleep pattern complaints, the request is not medically necessary or appropriate.