

Case Number:	CM13-0038819		
Date Assigned:	12/18/2013	Date of Injury:	04/03/2010
Decision Date:	02/12/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/02/2013

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 Geriatrics, and is licensed to practice in New York, Pennsylvania, and Washington. 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 injured worker is a 59 year old man who sustained a work injury on 4/3/10. At issue in this review are prescriptions and retroactive prescriptions for Gabapentin #120 and Endocet #90. Per the provider note of 9/20/13, the worker had complained of left knee pain and swelling and low back pain. He is status post left total knee arthroplasty on 4/22/13. He had antalgic gait and was mobile with a cane. He is able to complete household chores including sweeping and mopping. An MRI of 9/18/13 revealed posterior disc bulges of 3-4mm at T11-12, 2 mm at L3-4, 3 mm at L4-5 and 4-5mm at L5-S1 with central canal narrowing. He had bilateral L5-S1 facet hypertrophy and mild to moderate neural foraminal narrowing. On physical exam, he had no redness, erythema or induration and his incision was well healed. His sensation was intact and quadriceps and hamstrings strength 5/5. His knee was stable and patella normal. He could extend to 25 degrees and flex to 55 degrees - 65 degrees with passive range of motion. He was diagnosed with knee arthorfibrosis and knee pain and was said to be in need of revision total knee surgery. Gabapentin and Endocet prescriptions were provided for knee and neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, opioids for chronic pai.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page(s) Page(s): 75 - 95..

Decision rationale: Endocet is a short acting opiate (Oxycodone) in combination with acetaminophen. This injured worker has chronic back pain and knee pain. His medical course has included numerous diagnostic and treatment modalities including knee surgery and therapy. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. The MD visit fails to document a discussion of anticipated improvement in pain, functional status or side effects/abuse potential. Also, other medications were not trialed prior to the use of opiates as reasonable alternatives. The long-term efficacy of opioids for chronic back pain is unclear but appears limited. The Endocet is denied as the records do not justify that it is medically necessary.

Gabapentin 300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 16-22..

Decision rationale: This injured worker has chronic back and knee pain with limitations in range of motion noted on physical examination. His medical course has included numerous diagnostic and treatment modalities including surgery and therapy. Per the chronic pain guidelines for chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of Gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document medical necessity for Gabapentin based on his back or knee pain

Retrospective Gabapentin 300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 16-22..

Decision rationale: This injured worker has chronic back and knee pain with limitations in range of motion noted on physical examination. His medical course has included numerous diagnostic and treatment modalities including surgery and therapy. Per the chronic pain guidelines for chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of Gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document medical necessity for Gabapentin based on his back or knee pain.

Retrospective Endocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, opioids for chronic pai.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page(s) Page(s): 75 - 95.

Decision rationale: Endocet is a short acting opiate (Oxycodone) in combination with acetaminophen. This injured worker has chronic back pain and knee pain. His medical course has included numerous diagnostic and treatment modalities including knee surgery and therapy. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. The MD visit fails to document a discussion of anticipated improvement in pain, functional status or side effects/abuse potential. Also, other medications were not trialed prior to the use of opiates as reasonable alternatives. The long-term efficacy of opioids for chronic back pain is unclear but appears limited. The Endocet is denied as the records do not justify that it is medically necessary.