

Case Number:	CM13-0044568		
Date Assigned:	12/27/2013	Date of Injury:	09/22/2003
Decision Date:	05/02/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/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 50 year old who sustained injury on 9/22/2003. The diagnoses listed are bilateral knees pain, ankle sprain and low back pain radiating down the lower extremities. The patient is on Zolof and Wellbutrin for the treatment of depression associated with chronic pain. The patient completed PT and chronic pain treatment programs with good benefits. The patient was treated with TENS and joint injections. On 4/29/2013 [REDACTED] noted that the patient was diagnosed with NSAID related gastritis and ordered GI tests. The hand written notes by [REDACTED] are illegible and did not reveal further information. The medications listed are Norco 10/325mg, tramadol 50mg, ketoprofen 75mg, gabapentin 600mg and Mentherm gel for pain. The Norco was started before 2013. The clinical notes on 10/10/2013 indicated no change in pain, numbness and tingling complaints when gabapentin was discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-96, 124.

Decision rationale: The CA MTUS addressed the use of opioids in the treatment of chronic musculoskeletal pain. Opioids could be beneficial in the short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is non-responsive to treatment with standard NSAIDs, physical therapy and exercise. The patient have been on chronic opioid treatment for more than one year. There is no documentation of compliance monitoring measures such as urine drug screening, absence of aberrant behavior and functional improvement or ADL. Therefore, the Norco cannot be found to be medically necessary.

GABAPENTIN 600MG #60 WITH 3 REFILLS: Upheld

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

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

Decision rationale: The CA MTUS addressed the use of anticonvulsants in the treatment of chronic neuropathic pain. Gabapentin is indicated as a first line medication in the treatment of neuropathic pain unless it is ineffective, poorly tolerated or contraindicated. The 10/10/2013 clinic note indicated there was no change in neuropathic pain symptoms when the patient was off gabapentin. Since effectiveness of gabapentin on the patient's neuropathic pain is not documented, the request is no medically necessary.

TRAMADOL 50MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93 and 113.

Decision rationale: The CA MTUS addressed the use of tramadol in the treatment of chronic musculoskeletal pain. Tramadol ER is an extended release formulation analgesic that acts on opioid and non opioid receptors. It is associated with less opioid addictive and sedative properties than pure opioid analgesics. Opioids are indicated for short term treatment of severe pain during acute injury or periods of exacerbation that is non responsive to standard NSAIDs, physical therapy and exercise. Documentation during opioid therapy should include compliance monitoring such as Pain Contract, UDS monitoring, absence of aberrant behaviors and improvement in ADL with functional restoration. The available medical records is deficient in the required details.

KETOPROFEN 75MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The CA MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest period during the acute injury and exacerbations of musculoskeletal pain. The 4/29/2013 note by [REDACTED] indicates that the patient was diagnosed with NSAID induced gastritis. It was recommended that he undergo GI tests and discontinue the use of ketoprofen. Therefore, the request for Ketoprofen is not medically necessary.

METHODERM GEL 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic for the treatment of neuropathic pain. Topical analgesic preparation could be utilized to treat neuropathic when trials of anticonvulsant and antidepressant medications have failed. The records indicate that the patient has not failed treatment with these medications. The Methoderm gel preparation contains methyl salicylate 15% and menthol 10%. The guideline does not recommend any compound product containing any drug or drug class that does not have an FDA approved use. This preparation contains menthol that does not have an FDA approved efficacy profile.