

Case Number:	CM13-0050423		
Date Assigned:	12/27/2013	Date of Injury:	12/14/1995
Decision Date:	06/06/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 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 71-year-old male with date of injury of 12/14/1995. The listed diagnoses per [REDACTED] dated 10/23/2013 are: 1. History of right knee arthroscopy. 2. Possible hardware rejection with ongoing warmth and swelling. 3. Occult infection was ruled out with recent laboratory studies. 4. Component of neuropathic pain in his right lower extremity, stable with Neurontin use. According to the progress report, the patient is reporting worsening pain in his right knee. He states he can hardly stand to bear weight. He states he would like an increase in his narcotic dose or possibly try to get something for better pain control. He states his pain is about an 8/10 to a 9/10, but does report at least 50% functional improvement with medication use. He has been on MS Contin, Norco, and Neurontin. He states that Neurontin does not seem to be helping with the ongoing burning pain in the knee as it had in the past. He is wondering if he should increase the dose. He uses a cane for ambulation and the patient looks like he is in a lot of discomfort. The physical exam shows his right knee reveals a very swollen knee. The knee is very hot to touch over the skin by comparison to the left. Passive range of motion reveals popping sensation and flexion to extension. He can actively only flex the knee 100 degrees, extend to 5 degrees. The utilization review denied the request on 11/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GRALISE 600 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin®), Gabarone, generic available. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Pregabalin Page(s): 18-19,49.

Decision rationale: This patient presents with chronic right knee pain. The treating physician is requesting Gralise 600 mg. The MTUS Guidelines page 18 on Gabapentin (Neurontin®, Gabarone, generic available) 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 76 pages of reports showed that the patient has been taking Neurontin since 01/23/2013. The progress report dated 10/23/2013 documents medication efficacy stating, "He states the Neurontin does not seem to be helping with the ongoing burning pain in the knees as it had in the past." The MTUS Guidelines page 60 and 61 requires evaluation of the effect of pain in relationship to improvements in function and increased activity when using medications for chronic pain. In this case, the patient does not report any significant improvement from pain relief when utilizing Neurontin. Gralise contains Neurontin, slowly released over 24 hours. Since the patient did not respond to neurontin, it is unlikely that the patient will benefit from Gralise. Therefore, the request for Gralise is not medically necessary.

NORCO 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia®, Co-Gesic®, Hycet, Lorcet®,).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-77,82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC-Pain (Chronic) (updated 3/10/14), Opioids for chronic pain.

Decision rationale: With respect to the request for Norco 10/325mg #180, this is not supported by the guidelines. Significant pain relief and functional improvement as a result of the intake of Norco was not specified to justify the continuation of this medication, incidentally the provider has switched from Norco to Loratab, as per medical record reviewed. The guidelines does not recommend opioid as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. ODG states: Recommended as a 2nd or 3rd line treatment option at doses of 120 mg daily oral morphine equivalent dose (MED). Given that the patient has not had any long-term functional improvement gains from taking Norco over the past several months, it is warranted for the patient to begin weaning from Norco. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine

consult if there is evidence of substance misuse. Therefore the request for for Norco 10/325mg #180 is not medically necessary.