

Case Number:	CM14-0015428		
Date Assigned:	02/28/2014	Date of Injury:	06/01/2011
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 63-year-old female who reported an injury on 06/01/2001; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 01/23/2014, the current medication list included Lorazepam, Dilaudid, hydrocodone, Wellbutrin, and gabapentin; however, the dosages and frequencies were not provided within the submitted medical records. The chief complaint of the injured worker was low back pain bilaterally to the legs and left knee pain. It was noted that the injured worker was scheduled to have a total left knee resection done on 01/27/2014. The physical exam revealed swelling of the left knee with joint tenderness and discomfort with range of motion and weight bearing. The strength and motor testing bilaterally was equal rated 5/5 with a normal sensory exam. The injured worker's diagnoses included left knee pain post knee replacement revision on 01/27/2014 and lumbar facet pain. The treatment plan included utilizing Dilaudid postoperatively for pain. The request for authorization was dated 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs.

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

Decision rationale: The request for gabapentin 100 mg #60 is not medically necessary. The California MTUS Guidelines recommend gabapentin as an anti epilepsy drug, which 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. The injured worker has presented with pain associated with musculoskeletal conditions and has no physical exam findings that would indicate an etiology of neuropathic pain. Without documentation further showing that the pain is as a result of neurologic pain, the request cannot be supported at this time by the guidelines. As such, the request is not medically necessary.

DILAUDID 8MG #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Page Hydromophone.

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

Decision rationale: The request for Dilaudid 8 mg #200 is not medically necessary. The California MTUS Guidelines recognize 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. Within the submitted medical documents, it is shown that this was a pre-authorization request for postoperative use. Without having a proper pain assessment postoperatively, it is unknown the injured worker's pain condition postoperatively and is unable to tell whether the injured worker's pain levels would be indicated by the guidelines for usage of this medication. Additionally, the guidelines state that with ongoing opioid therapy the urine drug screens are indicated to help determine aberrant or non-adherent behaviors. Thus, there was no documentation of ongoing urine drug screens or assessments with physical exams noting a discussion with the injured worker about misuse or aberrant behavior. As such, the request is not medically necessary.

HYDROCODONE/ACETAMINOPHEN 10/325MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Page Criteria For Use Of Opioids.

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

Decision rationale: The request for hydrocodone/acetaminophen 10/325MG #240 is not medically necessary. The California MTUS guidelines recognize four domains that 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. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker has no reported pain ratings and the limited pain assessments did not indicate whether the pain rating were done with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Hence, the request is not medically necessary.