

Case Number:	CM14-0113367		
Date Assigned:	08/01/2014	Date of Injury:	01/02/1980
Decision Date:	09/12/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 injured worker is a 66-year-old male who reported an injury on 01/02/1980. The mechanism of injury was not provided for review. The injured worker ultimately developed chronic pain of the low back and bilateral knees. The injured worker's chronic pain was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The most recent clinical evaluation submitted for review was dated 03/05/2014. It was noted that the injured worker had ongoing pain complaints following total knee arthroplasty in 09/2013. The injured worker's medications included Percocet 10/325 mg and Gabapentin 600 mg. Physical findings included 10/10 pain without medications reduced to a 6/10 pain. It was reported that medication improved the injured worker's functional status. The injured worker's diagnoses included lumbosacral spine sprain/strain, left elbow surgery, status post total knee replacement, and left knee degenerative joint disease. The injured worker's treatment plan included a refill of gabapentin and Percocet and to participate in recently approved physical therapy for the right knee. A request for Norco 10/325 mg and Gabapentin 600 mg was submitted. However, no request for authorization was submitted to support the request. Additionally, there was no justification for the use of Norco 10/325 mg within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not even indicate that the injured worker is taking this medication. There is no justification to support a switch from Percocet to Norco. Although it is noted that the injured worker is monitored for aberrant behavior, there is no other justification for this medication. Furthermore, the request as it is submitted does not clearly define a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #90 is not medically necessary or appropriate.

Gabapentin 600 mg #30: Upheld

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

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

Decision rationale: The requested Gabapentin 600 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of this medication as a first line treatment in chronic pain. California Medical Treatment Utilization Schedule recommends the use of antiepileptics be supported by at least 30% pain relief with an increase in function. The clinical documentation submitted for review does indicate that the injured worker has pain relief and functional increases related to medication usage. However, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Gabapentin 600 mg #30 is not medically necessary or appropriate.