

Case Number:	CM14-0166870		
Date Assigned:	10/14/2014	Date of Injury:	11/19/2011
Decision Date:	11/17/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 44 year old female with an injury date of 11/19/2011. Based on the 09/08/2014 progress report provided by [REDACTED] the diagnoses are:1. Lumbar spine2. Bilateral knees contusion. Disability status: Not P&S According to this report, the patient complains of low back and right knee pain. Pain is rated as a 2/10 with medications and an 8/10 without medications. The patient reports her "sleep is poor. Activity level is remained the same." Physical exam reveals a restricted lumbar range of motion due to pain. On palpation, paravertebral muscles, tenderness and tight muscle band is noted on both sides. Lumbar facet loading test is positive, bilaterally. Exam of the right knee indicated tenderness to palpations over the lateral joint lines, medial joint line, and the patella. Patellar grind test, valgus, and vargus stress test are positive. The patient states "with chiropractic therapy she has been able to increase her local activity and perform additional activities at home." "Urine toxicology on 8/21/14 was negative for Norco. Patient reports she had a bad flare last month and had to take more Norco than usual and therefore ran out a few days earlier. "Otherwise, the provider "do not detect any aberrant behavior. "There were no other significant findings noted on this report. The utilization review denied the request on 09/29/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/03/2014 to 09/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications ,non-steroidal anti-inflammatory drugs Page(s): 60-61, 22, 67-68.

Decision rationale: According to the 09/08/2014 report by [REDACTED] this patient presents with back and right knee pain. The provider is requesting Ibuprofen 600mg #60. Ibuprofen was first mentioned in the 04/03/14 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines page 22 reveals the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show that the patient has pain reduction with medications; 2/10 with medications and an 8/10 without medications. The requested Ibuprofen appears reasonable and consistent with MTUS guidelines. Recommendation is medically necessary.

Neurontin 400mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 09/08/2014 report by [REDACTED] this patient presents with back and right knee pain. The provider is requesting Neurontin 400mg #90. Neurontin was first mentioned in the 04/03/14 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anticonvulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The ODG guidelines support the use of anticonvulsants for neuropathic pain. However, review of reports does not indicate that the patient has neuropathic pain. The requested Neurontin #90 is not in accordance with the guidelines at this time, therefore recommendation is for denial.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60-61, 88-89, 76-78.

Decision rationale: According to the 09/08/2014 report by [REDACTED] this patient presents with back and right knee pain. The provider is requesting Norco 10/325mg #60. Norco was first mentioned in the 04/03/14 report; it is unknown exactly when the patient initially started taking this medication. "Urine toxicology on 8/21/14 was negative for Norco. Patient reports she had a

bad flare last month and had to take more Norco than usual and therefore ran out a few days earlier." Otherwise, the provider "does not detect any aberrant behavior." "02/06/2014 urine toxicology appropriate for Hydrocodone prescribed." Norco was first mentioned in the 04/03/14 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain, urine toxicology result and aberrant drug seeking behavior were discussed. However, no outcome measures are provided; no specific ADL's are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Robaxin 500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: According to the 09/08/2014 report by [REDACTED] this patient presents with back and right knee pain. The provider is requesting Robaxin 500mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the provider is requesting Robaxin #60 and this medication was first noted in the 04/03/2014 report. Robaxin is not recommended for long term use. The provider does not mention that this is for a short-term use. Therefore, recommendation is for denial.