

Case Number:	CM14-0025538		
Date Assigned:	06/13/2014	Date of Injury:	10/16/2007
Decision Date:	08/11/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 63-year-old female was reportedly injured on October 16, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated January 17, 2014, is difficult to read and indicates that there are ongoing complaints of bilateral ankle and foot pain as well as pain in the left knee. The physical examination demonstrated tenderness at the medial aspect of the ankles and feet as well as bilateral ankle swelling. There was tenderness of the Achilles tendon. The treatment plan included refills of existing medications. A request had been made for Norco, Neurontin, and Restoril and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST, HYDROCODONE/ACETAMINOPHEN Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 OF 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The California chronic pain medical treatment guidelines supports short-

acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current usage of Norco. As such, this request for Norco is not considered medically necessary.

NEURONTIN 600MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS), GABAPENTIN (NEURONTIN) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 OF 127.

Decision rationale: Neurontin is considered a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on physical examination or subjectively. As such, without any evidence of neuropathic type pain this request for Neurontin is not medically necessary.

RESTORIL 15MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Sedative Hypnotics.

Decision rationale: Restoril is a short acting non-benzodiazepine hypnotic clinically indicated for the short term treatment of insomnia. Due to the habit-forming potential of this medication pain specialists rarely, if ever, recommend them for long-term use. Furthermore there is no documentation of any sleep hygiene techniques employed prior to the prescription of this medication. Therefore, this request for Restoril is not medically necessary.