

Case Number:	CM14-0039438		
Date Assigned:	09/12/2014	Date of Injury:	12/17/1999
Decision Date:	10/14/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/03/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 17, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 1, 2014, the claims administrator partially certified a request for Norco, approved a request for Naprosyn, and partially certified a request for Neurontin. The applicant's attorney subsequently appealed. In a handwritten note dated July 23, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of knee pain secondary to knee arthritis. The applicant was apparently a candidate for total knee replacement surgery, it was stated. Low back pain was also noted. The applicant stated that his pain level was 7-8/10 without medication versus 3-4/10 with medications. It was stated that the applicant was working and performing household chores around his new home. Norco, Neurontin, Naprosyn, and Flexeril were renewed. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working at age 65. In an earlier note dated June 25, 2014, also handwritten, difficult to follow, not entirely legible, the applicant again reported persistent complaints of low back and knee pain, 6-7/10 without medications versus 4/10 with medications. Norco, Naprosyn, and Neurontin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-Acetaminophen Page(s): 80, 91.

Decision rationale: As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as hydrocodone-acetaminophen (Norco) are indicated in the treatment of moderate-to-moderately severe pain, as is present here. The applicant continues to report pain at the 6-7/10 level or greater, reportedly a function of issues with advanced knee arthritis pending total knee arthroplasty. The applicant, furthermore, seemingly meets criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant is reporting appropriate and quantifiable reduction in pain levels with ongoing Norco usage. The applicant's ability to perform household chores has likewise been ameliorated as a result of ongoing opioid therapy with Norco. Continuing the same, on balance, is therefore indicated. Therefore, the request is medically necessary.

1 prescription of Neurontin 300mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section. Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment guidelines, applicants using gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, the attending provider has suggested that ongoing usage of Neurontin (gabapentin) has dropped the applicant's pain level by 3 to 4 points on a 10-point scale and has, furthermore, facilitated the applicant's ability to perform household chores. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.