

<b>Case Number:</b>	CM14-0196164		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Texas & 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:

This 63 year old female sustained an injury on April 30, 2009. The injured worker had tripped and fell down a couple of stairs, landing on her left knee. In addition, the injured worker twisted and hit her right ankle on the ground. Initial treatment included medication and an ace bandage to the right ankle. The right ankle ace bandage was transitioned to different braces, then to a walking boot and crutches on follow up visits. The injured worker work duties were restricted, and then she was taken off work. A MRI of the left leg in 2009 revealed a fracture. The injured worker was treated with a full leg brace for the left leg, heat/cold packs, and physical therapy. On May 8, 2014, a MRI of the right knee revealed mild to moderate degenerative arthritic changes at the patella-femoral, medial, and lateral compartments. There was mild to moderate chondromalacia patella of the lateral patellar facet, mild joint space narrowing, no ligament tear, a small Baker's cyst, and a very small right anterior knee joint effusion. A MRI of the left knee revealed mild to moderate degenerative arthritic changes at the patella-femoral, medial, and lateral compartments; mild to moderate chondromalacia patella of the lateral patellar facet, mild joint space narrowing margin of the lateral patella-femoral compartment, and mild lateral tilt/subluxation of the patella, no meniscus or ligament tear, a small Baker's cyst, and a small left anterior knee joint effusion. Currently the injured worker was being treated with pain and anti-epilepsy medication. The injured worker was working full duty. The physical exam revealed joint line tenderness of the left knee, tenderness of the left ankle and foot, a left limp with walking, and moderately decreased of the left knee, foot, and ankle. Diagnoses included status post fall with left knee tibial plateau fracture/contusion, compensatory sprain/strain of the right knee and left ankle, and a non-displaced right ankle talar dome fracture. The physician recommended continuing the home exercises and current medications. The work status was described as permanent and stationary. The medical records show reports of the specific dates of

service or results of urine drug screens. On 10/22/2014, [REDACTED] noted subjective complaint of pain score of 4/10. The patient noted that her pain and sleep had improved since starting gabapentin. The patient was noted to be utilizing Tramadol for moderate pain and Norco for severe pain. The 10/22/2014 UDS was consistent with prescribed medications. On November 31, 2014 Utilization Review denied a prescription for Neurontin 300mg #30 with 2 refills and a prescription for Norco 10/325mg #60. The Neurontin was non-certified based on the lack of objective functional benefit with the use of the medication to support the injured worker's subjective improvements, and there was no indication why an early refill of the prescription was needed. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines for anti-epilepsy drugs was cited. The Norco was denied based on the lack of objective functional benefit with the use of the medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neurontin 300mg #30 with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsants can be beneficial in the treatment of neuropathic pain and chronic musculoskeletal pain associated with psychosomatic and sleep disorder. The records indicate that the patient reported significant reduction in pain with improved function and sleep while utilizing gabapentin. There is no reported adverse medication effect. The UDS is consistent. The criteria for the use of Neurontin 300mg #30 with 2 refills were met, therefore the request is medically necessary.

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic treatment with opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other opioids and sedatives. The records indicate that the patient is also utilizing Tramadol for pain relief. This is an indication that the pain relief had significantly improved with addition

of Gabapentin medication. The criteria for the additional use of Norco 10/325mg #60 were not met.