

<b>Case Number:</b>	CM14-0198435		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/25/2007
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Family Practice 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 patient is a 57-year-old female with a date of injury of 7/25/2007. The mechanism of injury is described as tripping and falling forwards on her knees while picking grapes. She has a diagnosis of chronic knee pain; left knee arthrofibrosis, history of bilateral meniscus tear, and left knee chronic instability with degenerative joint disease. Prior surgical treatment has included a left knee arthroscopy on 9/28/2009 and a Left TKA (Total knee arthroplasty) on 7/12/2011. Treatment has also included physical therapy, injections, and medications such as chronic narcotics. A 9/17/2014 office note physical exam noted some decreased range of motion. Her strength was noted to be 5/5 in the lower extremities bilaterally, and her sensation and reflexes were normal. Per a 9/17/2014 office note, the patient has been unemployed since 9/2007, and is on disability. A utilization review physician did not certify requests for this patient to continue on Norco, Butrana patch, or Gabapentin. Therefore, an independent medical review was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of improved functioning. This request for Norco is not medically necessary.

**Neurontin 300 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs, Gabapentin Page(s): 18-20.

**Decision rationale:** California MTUS guidelines recommend Gabapentin for the treatment of neuropathic pain. There is no documentation to suggest that this patient has neuropathic pain. Therefore this request for Gabapentin is not considered medically necessary.

**Butrans Patch 10 mcg # 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** California MTUS guidelines recommend buprenorphine as a treatment for opiate addiction and also as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Guidelines also state that Buprenorphine is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected. This medication is a class III controlled substance. There is no evidence that this patient is attempting to be weaned from narcotics. There is also no diagnosis that has been submitted that justifies this patient being on narcotics. This medication request for Buprenorphine is considered not medically necessary.