

Case Number:	CM14-0203262		
Date Assigned:	12/15/2014	Date of Injury:	05/07/2012
Decision Date:	02/06/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/04/2014

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 Acupuncture & Pain 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 patient is a 49 year old male who sustained cumulative work related injuries to his knees bilaterally after extended periods of time kneeling while employed on May 7, 2012. He underwent a left knee arthroscopy with meniscectomy in May 2013 and is continuing to experience pain in both knees and buckling of the left knee. The injured worker also complains of numbness and tingling around and below the knee joint. According to the primary treating physician's report dated October 30, 2014 the injured worker has full range of motion bilaterally with some medial joint tenderness to the right knee. Pain increases going from knee flexion to extension. Sensation and motor was noted as within normal limits in the lower extremities. No swelling was appreciated. A NM bone injection and flow study was conducted on September 2, 2014 which demonstrated mild increase nuclide uptake about the right fibula head and proximal left tibia. Magnetic resonance imaging of the left knee on May 29, 2014 showed post operative changes without evidence of tears. Magnetic resonance imaging of the right knee on May 30, 2014 showed mild fraying of the medial meniscus without tears. Electromyography on August 20 demonstrated probable subacute left L5 and L4 radiculopathy and no evidence of peripheral neuropathy. Nerve conduction study (NCV) in both lower extremities was within normal limits. The injured worker was recently diagnosed with depression, anxiety and panic attacks. The injured worker has undergone physical therapy without benefit in the past, wears a functional knee sleeve, and current medications listed are Buspar, Sertraline, Neurontin, Zorvolex and Norco. The injured worker is deemed permanent and stationary and has not worked for over a year according to the primary treating physician's report dated October 30, 2014. The treating physician has requested authorization for Zorvolex 35mg 3 times a day, #90, Norco 7.5/325 every 8 hours as needed #90, and Neurontin 300mg 3 times a day, #90. On November 24, 2014 the denied certification for Zorvolex 35mg 3 times a day, #90, Norco 7.5/325 every 8 hours as

needed #90, and Neurontin 300mg 3 times a day, #90. Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zovolex 35MG TID #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." "I respectfully disagree with the UR physician. Diclofenac sodium is recommended as a nonselective NSAID. It is indicated for the injured worker's knee pain. Furthermore, the documentation notes that the injured worker has failed trials of ibuprofen and Aleve. The request is medically necessary.

Norco 7.5/325 Q 8H PRN #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." "Review of the available medical records reveals no documentation to support the medical necessity of norco nor any

documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Neurotin 300MG 1 TAB TID #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Per the documentation submitted for review, the injured worker reported pain relief with decreased dysesthesias in the right lower leg with the use of this medication. It was noted per 11/18/14 progress report that the provider decreased Neurontin from 800 to 300mg 3 times a day secondary to drowsiness. I respectfully disagree with the UR physician's assertion that the injured worker did not suffer from neuropathic pain; the medical records note otherwise. The request is medically necessary.