

Case Number:	CM14-0205519		
Date Assigned:	12/17/2014	Date of Injury:	03/02/2010
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal 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 an injured worker with the diagnoses of lumbar spine discogenic disease, radiculopathy of lumbar spine, and tear of medial meniscus of bilateral knees. Date of injury was March 2, 2010. The primary treating physician's progress report dated April, 25 2014 documented a prescription for Norco (Hydrocodone/Acetaminophen) 325/10 mg quantity #120. The primary treating physician's progress report dated June 20, 2014 documented a prescription for Norco (Hydrocodone/Acetaminophen) 325/10 mg quantity #120. The primary treating physician's progress report dated August 15, 2014 documented a prescription for Norco (Hydrocodone/Acetaminophen) 325/10 mg quantity #120. The primary treating physician's progress report dated October 10, 2014 documented subjective complaints of low back and knee complaints. Regarding the lower back, the patient complains of frequent pain in her lower back traveling to her lower back, left leg which she describes as numbness, sharp, aching and stabbing. She rates her pain as 6 on a numeric rating scale of 0-10 with 0 being no pain and 10 being most severe pain. The patient notes that her pain is the same. The patient complains of constant pain in her bilateral left greater than right knee traveling to her bilateral knees which she describes as sharp, aching and shooting. She rates her pain as 6 on a numeric rating scale of 0-10 with 0 being no pain and 10 being most severe pain. The patient notes that her pain is the same. There is swelling and giving way of bilateral knee. Patient also complains of moderate to severe pain. The patient complains of difficulty falling asleep due to pain and decreased muscle mass and strength. She states her pain is aggravated by prolonged sitting, prolonged standing, prolonged walking, walking on uneven surfaces, repetitive bending, repetitive stooping, repetitive kneeling, repetitive squatting, repetitive twisting, repetitive lifting, lifting heavy objects and cold weather. The pain is reduced with rest and heat. The patient reports that she has been using a brace for the left knee. The patient states that she has been using a transcutaneous

electrical nerve stimulation unit. The patient reports that the use of Soma, Norco, and Flurbiprofen 20% is helpful in reducing sequelae arising from her injury. Physical examination was documented. The patient is right-handed and noted to be well developed. She ambulates with an antalgic gait favoring the left. Patient walks with a slow and cautious gait. Examination of the lumbar spine demonstrated that Valsalva and Kemp's Test are positive on both sides. Iliac Compression reveals pain on the right. Iliac Compression is positive on the left. Straight leg raise test is positive bilaterally. Reflexes for the knees are normal bilaterally. Reflexes for the hamstrings are normal bilaterally. Reflexes for the ankles are normal on the right and diminished on the left. The patient has a noted sensory deficit of the medial hip and anterior upper thigh on the right with distorted superficial tactile sensibility diminished light touch corresponding to the L2 dermatome. The patient has a noted sensory deficit of the medial hip and anterior upper thigh on the left with distorted superficial tactile sensibility diminished light touch corresponding to the L2 dermatome. There is active movement against gravity with full resistance of the hip flexors on the right corresponding to the L2 myotome. There is motor deficit of the hip flexors on the left and complete active range of motion against gravity with some resistance corresponding to the L2 myotome. There is active movement against gravity with full resistance of the hip adductors on the right corresponding to the L3 myotome. There is motor deficit of the hip adductors on the left and complete active range of motion against gravity with some resistance corresponding to the L3 myotome. There is active movement against gravity with full resistance of the quadriceps on the right corresponding to the L4 myotome. There is active movement against gravity with full resistance of the quadriceps on the left corresponding to the L4 myotome. There is active movement against gravity with full resistance of the extensor hallucis longus on the right corresponding to the L5 myotome. There is active movement against gravity with full resistance of the extensor hallucis longus on the left corresponding to the L5 myotome. There is active movement against gravity with full resistance of the plantar flexor on the right corresponding to the S1 myotome. There is active movement against gravity with full resistance of the plantar flexor on the left corresponding to the S1 myotome. There is active movement against gravity with full resistance of the plantar flexor on the right corresponding to the S2 myotome. There is active movement against gravity with full resistance of the plantar flexor on the left corresponding to the S2 myotome. At levels L3-L4, L4-L5, L5-S1 and S1, palpation reveals moderate paraspinous tenderness, muscle guarding and spasms bilaterally. Palpation reveals moderate spinal tenderness radiating to the both hips, bilaterally, left greater than right. Palpation reveals tenderness at the facet joints referring to the waistline and iliac crest. Palpation reveals moderate tenderness at the SI bilaterally, left greater than right. Lumbar spine motion was limited by pain and spasm. Knee palpation reveals nonspecific tenderness at both knees. Palpation indicates moderate tenderness at the medial peripatellar and lateral peripatellar on the right. Palpation indicates moderate tenderness at the medial peripatellar and lateral peripatellar on the left. Apley's grinding test, McMurray test with interior rotation and McMurray test with exterior rotation are positive on the left knee. Diagnoses were lumbar spine discogenic disease, radiculopathy of lumbar spine, and tear of medial meniscus of bilateral knees. Treatment plan included urine analysis to monitor the compliance with any prescribed medication. Orthopaedic surgery consultation to address left knee was requested. Pain management consultation was requested to address lumbar spine. Norco and Gabapentin were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented radiculopathy of the lumbar spine, neurologic findings on physical examination, and neuropathic pain. Per MTUS, Gabapentin is considered as a first-line treatment for neuropathic pain. The request for Gabapentin is supported by the medical records and MTUS guidelines. Therefore, the request for Gabapentin 300mg quantity 60 is medically necessary.

Hydrocodone-acetaminophen 10 quantity 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 74-96; 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document the diagnoses of lumbar spine discogenic disease, radiculopathy of lumbar spine, tear of medial meniscus of bilateral knees, and positive physical examination findings. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Activities of daily living were addressed. No adverse side effects were reported. Urine drug screen test was planned. Analgesia was documented. Medical records document regular physician clinical evaluations and monitoring. The request for Norco 10/325 mg is supported by the medical records and MTUS guidelines. Therefore, the request for Hydrocodone-acetaminophen 10 quantity 120 is medically necessary.

Hydrocodone-apap 10/325mg quantity 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 74-96; 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document the diagnoses of lumbar spine discogenic disease, radiculopathy of lumbar spine, tear of medial meniscus of bilateral knees, and positive physical examination findings. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Activities of daily living were addressed. No adverse side effects were reported. Urine drug screen test was planned. Analgesia was documented. Medical records document regular physician clinical evaluations and monitoring. The request for Norco 10/325 mg is supported by the medical records and MTUS guidelines. Therefore, the request for Hydrocodone-apap 10/325mg quantity 120 is medically necessary.