

Case Number:	CM15-0005171		
Date Assigned:	01/16/2015	Date of Injury:	12/05/2002
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 53 year old male, who sustained an industrial injury on December 5, 2002. The diagnoses have included lumbar radiculopathy, lumbar facet dysfunction, depression, spinal stenosis, left knee degenerative joint disease insomnia ad left shoulder pain with impingement. Treatment to date has included urine drug screens, X-ray of left knee on July 12, 2014 with moderate degenerative changes of the medial aspect of the knee joint, Magnetic resonance imaging of left shoulder on July 12, 2014 findings compatible with a tear in the distal aspect of the supraspinatus tendon, mild subacromial bursitis and tenosynovitis of the long head of the biceps tendon, Magnetic resonance imaging of lumbar spine on July 25, 2014, Epidural injections, he uses a cane to ambulate, knee brace, orthotics and home. Currently, the injured worker complains of continued pain in left shoulder, low back and left knee pain, the pain increases with cold weather and medication is helping. He reports sleep has improved with the medication. The Magnetic resonance imaging of the lumbar spine demonstrates that at L2-3 there is a disc protrusion on the right and facet dysfunction. At L3-4 there is a disc bulge with ligamentum flavum hypertrophy. At L4-5 there is facet/ligamentum flavum hypertrophy and at L5-S1 there is a bulging disc protrusion. X-ray of the left knee revealed mild to moderate tricompartmental degenerative joint disease and Magnetic resonance imaging of the left shoulder revealed tear in the supraspinatus, subacromial bursitis, and bicep tendon tenosynovitis. On December 29, 2014 Utilization Review non-certified a Norco 10/325mg quantity 60, Gabapentin 600mg quantity 90, noting Medical Treatment Utilization Schedule Guidelines was cited. On

December 3, 2014, the injured worker submitted an application for IMR for review of Norco 10/325mg quantity 60, Gabapentin 600mg quantity 90, and Elavil 25mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 12/17/14 progress report provided by treating physician, the patient presents with left shoulder, left knee and low back pain with numbness and tingling into the left foot rated 4/10 with and 6/10 without medications. The request is for NORCO 10/325MG #60. Patient's diagnosis on 12/17/14 included lumbar disc disease and lumbar radiculopathy. Patient's medications include Norco, Neurontin, Voltaren gel and Elavil. Patient is temporarily totally disabled, per treater report dated 10/27/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco was included in patient's prescriptions per progress reports dated 06/02/14, 10/22/14, and 12/17/14. MTUS requires appropriate discussion of the 4A's. In addressing the 4A's, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has been addressed with pain scales, but no validated instruments have been used to show functional improvement. Toxicology reports dated 08/04/14 and 10/08/14 showed results "inconsistent" with prescriptions. There is no documentation or discussion regarding adverse effects and aberrant drug seeking behavior. There are no CURES or opioid pain contracts. No change in work status or return to work, either. Given the lack of documentation as required by MTUS, and inconsistent UDS results, the request IS NOT medically necessary.

Gabapentin 600mg #90: Overturned

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

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

Decision rationale: Based on the 12/17/14 progress report provided by treating physician, the patient presents with left shoulder, left knee and low back pain with numbness and tingling into

the left foot rated 4/10 with and 6/10 without medications. The request is for GABAPENTIN 600MG #90. Patient's diagnosis on 12/17/14 included lumbar disc disease and lumbar radiculopathy. Patient's medications include Norco, Neurontin, Voltaren gel and Elavil. Norco and Neurontin were included in patient's prescriptions per progress reports dated 12/17/14, 10/22/14, and 06/02/14. Patient is temporarily totally disabled, per treater report dated 10/27/14. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) 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." Neurontin was included in patient's prescriptions per progress reports dated 06/02/14, 10/22/14, and 12/17/14. Treater has not discussed reason for the request. However, treater has documented decrease in pain with numerical scales. Given patient's radicular symptoms and diagnosis, the request appears reasonable and indicated by guidelines. Therefore, the request IS medically necessary.