

<b>Case Number:</b>	CM15-0007638		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	03/10/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 (IW) is a 53 year old male who sustained an industrial injury on 03/10/2005. He reported chronic low back pain and pain in both knees. The injured worker was diagnosed as having discogenic lumbar condition with disc disease from L3 to S1; internal derangement of the knee bilaterally; Internal derangement of the knee on the left with chondromalacia; and chronic pain syndrome. Treatment to date has included surgery on the right knee in 2007 and 2009, a series of Hyalgan injections to the right knee in 2012, and bracing of the left knee. Currently, the injured worker complains of chronic low back pain with radicular symptoms and pain in both knees. The treatment plan includes activity restrictions, oral medications for pain, inflammation and neuropathic pain, and Hyalgan injections in a series of five for each knee. Requests for authorizations were made for: Hyalgan injections including Sodium Hyaluronate 20mg/2ml times a series of 5 for both knees, 1 prescription of Norco 10/325mg #120, 1 prescription of Norco 10/325mg #120, 1 prescription of Norco 10/325mg #120, 1 prescription of Motrin 800mg #90, 1 prescription of Motrin 800mg #90, 1 prescription of Gabapentin 600mg #90 and 1 prescription of Gabapentin 600mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Guidelines state that Norco is recommended for short-term treatment of moderate to severe pain. Patients on opioids should be monitored for efficacy, side effects, improved functioning, and signs of aberrant drug use. In this case, the Norco was beneficial in treating the patient's pain and his overall function improved. Thus, continuation of Norco is appropriate, but there was a concurrent request for Norco 10/325 mg #120 that was already prescribed. The additional request for Norco 10/325 mg #120 is not medically appropriate and necessary.

**1 prescription of Motrin 800mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** Guidelines recommend NSAIDs for the relief of signs and symptoms of osteoarthritis. The patient suffers from chronic pain and NSAIDs are appropriate for pain management. One prescription for Motrin 800 mg #90 was already approved. The concurrent request for Motrin 800 mg #90 is not medically appropriate and necessary.

**1 prescription of Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**Decision rationale:** Guidelines state that anti-epilepsy drugs are considered first line treatment for neuropathic pain such as diabetic neuropathy and postherpetic neuralgia, spinal stenosis and fibromyalgia. In this case, the patient complained of low back pain with radiation to the lower extremities and had a favorable response to prior gabapentin use. The patient is a candidate for gabapentin use. However, there is a concurrent request for gabapentin 600 mg #90 which is not medically appropriate and necessary.