

<b>Case Number:</b>	CM15-0106333		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	07/25/2007
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58-year-old female injured worker suffered an industrial injury on 07/25/2007. The diagnoses included left knee pain, left knee arthroplasty and chronic pain syndrome. The injured worker had been treated with medications. On 4/7/2015, the treating provider reported ongoing left knee pain. She stated the medications helped her by approximately 50%. On exam, there was restricted range of motion to the left knee with tenderness. The treatment plan included Norco, Butrans patch, and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 16-17, 26-27, 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in July 2007 and continues to be treated for left knee pain. Medications are referenced as providing 50% improvement in pain and function. When seen, there was decreased left knee range of motion with positive McMurray testing. Medications include Butrans and Norco at a total MED (morphine equivalent dose) of 60 mg per day and gabapentin at 900 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Butrans 10mcg patch #4 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, p26 Page(s): 26.

**Decision rationale:** The claimant sustained a work-related injury in July 2007 and continues to be treated for left knee pain. Medications are referenced as providing 50% improvement in pain and function. When seen, there was decreased left knee range of motion with positive McMurray testing. Medications include Butrans and Norco at a total MED (morphine equivalent dose) of 60 mg per day and gabapentin at 900 mg per day. Butrans (buprenorphine) is recommended as an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids or have a history of drug misuse or addiction. In this case, there was no evidence of prior detoxification or substance abuse concerns and the request was therefore not medically necessary.

**Neurontin 300mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs) Page(s): 16-17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-18 Page(s): 16-18.

**Decision rationale:** The claimant sustained a work-related injury in July 2007 and continues to be treated for left knee pain. Medications are referenced as providing 50% improvement in pain and function. When seen, there was decreased left knee range of motion with positive McMurray testing. Medications include Butrans and Norco at a total MED (morphine equivalent dose) of 60 mg per day and gabapentin at 900 mg per day. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended. Ongoing prescribing at this dose is not medically necessary.