

Case Number:	CM15-0142194		
Date Assigned:	08/03/2015	Date of Injury:	03/15/2012
Decision Date:	09/03/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/22/2015

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

Certification(s)/Specialty: Anesthesiology

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 59 year old male, with a reported date of injury of 03-15-2012. The mechanism of injury was indicated as during the course of his employment, the injured worker sustained injuries to both of his ankles and both feet. The injured worker's symptoms at the time of the injury included bilateral ankle and foot pain. The diagnoses include bilateral traumatic plantar fasciitis, peroneal tendon tear, and foot pain. Treatments and evaluation to date have included an H-wave unit, a TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, oral medications, topical pain medication, acupuncture, cortisone injections, and foot orthotics. The diagnostic studies to date have included an MRI of the right ankle on 03-27-2013 which showed tear of the peroneus brevis tendon and mild degenerative changes about the subtalar joint; an MRI of the left ankle on 03-27-2013 which showed enthesopathy about the posterior and plantar calcaneous and insertions of the Achilles tendon and plantar aponeurosis; and electrodiagnostic examination on 03-27-2013 which showed no evidence of acute or chronic lumbosacral radiculopathy, plexopathy, or peripheral mononeuropathy including tarsal tunnel impingement. The medical records included the reports for several urine drug screenings. The urine drug screen dated 02-19-2015 was inconsistent for hydrocodone and Gabapentin. The urine drug screen dated 04-16-2015 was consistent for hydrocodone and Gabapentin. The medical report dated 09-12-2014 indicates that a urine drug screen was performed on the day of the visit. The medical report dated 05-11-2015 indicates that the injured worker reported pain in both ankles and both feet. The pain was associated with weakness in the feet. The injured worker rated his pain 5 to 6 out of 10; 3 out of 10 at its best; and 8 out of 10 at its worst. His

average level of pain in the last seven days was rated 5 out of 10. The injured worker stated that his symptoms have been unchanged since the injury. He was unable to walk two blocks before having to stop because of his pain. It was noted that the injured worker avoided going to work, socializing with friends, performing household chores, participating in recreation, doing yard-work or shopping during the past month because of his pain. The objective findings include walking with an assistive device, an antalgic gait pattern, full lumbar range of motion, no swelling in the feet, severe tenderness to palpation over the dorsal aspect of the foot, normal range of motion of the bilateral ankles, except in the great toe, which was decreased bilaterally, normal motor strength throughout the bilateral lower extremities, and grossly intact sensory to light touch and pinprick throughout the lower extremities. The treatment plan included Norco every eight hours as needed and Gabapentin three times a day. The injured worker was permanent and stationary. The treating physician requested Norco 10-325mg #90 and Gabapentin 600mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: The CA MTUS guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 02/19/2015. He has been taking Hydrocodone prior to that. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include all of these items as recommended by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. It was noted that the injured worker was retired and that several random drug test were performed; however, there was no documentation of an opioid contract. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Norco is not medically necessary.

Gabapentin 600 mg Qty: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) and Gabapentin (Neurontin) Page(s): 16-17 and 49.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Anti-epilepsy drugs are recommended for neuropathic pain. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The injured worker should be asked at each visit as to whether there has been a change in pain or function. The guidelines also indicate that Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week. The injured worker has been taking Gabapentin since at least 10/10/2014. The treating physician prescribed the medication to treat neuropathic pain. There was no evidence that the injured worker had a significant change in pain or function with use of the medication. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of dependency on continued medical care. Therefore, the request for Gabapentin is not medically necessary.