MAXIMUS Federal Services

Case Number:	CM15-0164804		
Date Assigned:	08/31/2015	Date of Injury:	06/09/2010
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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 64 year old male, who sustained an industrial injury on June 9, 2010. He reported left knee pain. Treatment to date has included left knee Supartz injection, surgery and x-ray. Currently, the injured worker complains of left knee pain and minimal swelling. He also reports low back pain.The injured worker is currently diagnosed with left knee pain. His work status is modified duty. A progress note dated March 18, 2015, states the injured worker experienced efficacy from surgical intervention; however, he is experiencing gradual increase in pain. A progress note dated July 15, 2015, states the injured worker experienced some relief from the Supartz injections. The following medications; Hydrocodone-Acetaminophen 10-325 mg #90, Gabapentin 100 mg #90 for and Nortriptyline HCL 25 mg #90 are requested to decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Aceminophen 10/325mg qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 64 year old patient complains of pain in the left knee, as per progress report dated 07/15/15. The request is for HYDROCODONE/ACETAMINOPHEN 10/325mg QTY 90. There is no RFA for this case, and the patient's date of injury is 06/09/10. Diagnoses, as per progress report dated 07/15/15, included knee pain, unspecified disc disorder of the lumbar region, and osteoarthritis. The patient is status post left knee arthroscopy with menisectomy. The patient is status post lumbar fusion and is taking baby aspirin, as per progress report dated 03/18/15. The patient is on modified work, as per progress report 07/15/15. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment 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. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, none of the progress reports available for review mention Norco. It is not clear if this is the first prescription for this medication or if the patient has used it in the past. The treater does not discuss efficacy of the medication. There is no documentation of change in pain scale that demonstrates reduction of pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request IS NOT medically necessary.

Gabapentin 100mg qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18-19.

Decision rationale: The 64 year old patient complains of pain in the left knee, as per progress report dated 07/15/15. The request is for GABAPENTIN 100mg QTY 90. There is no RFA for this case, and the patient's date of injury is 06/09/10. Diagnoses, as per progress report dated 07/15/15, included knee pain, unspecified disc disorder of the lumbar region, and osteoarthritis. The patient is status post left knee arthroscopy with menisectomy. The patient is status post lumbar fusion and is taking baby aspirin, as per progress report dated 03/18/15. The patient is on modified work, as per progress report 07/15/15. MTUS has the following regarding Gabapentin on pg 18, 19, Specific Anti-epilepsy Drugs section: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In

this case, none of the progress reports available for review mention Gabapentin. It is not clear if this is the first prescription for this medication or if the patient has used it in the past. The treater does not document efficacy in terms of reduction in pain and improvement, as required by MTUS page 60 for all pain medications. Additionally, there is no specific diagnosis of neuropathic pain for which Gabapentin is indicated. Hence, the request IS NOT medically necessary.

Nortriptyline HCL 25mg qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The 64 year old patient complains of pain in the left knee, as per progress report dated 07/15/15. The request is for NORTRIPTYLINE HCL 25mg QTY 90. There is no RFA for this case, and the patient's date of injury is 06/09/10. Diagnoses, as per progress report dated 07/15/15, included knee pain, unspecified disc disorder of the lumbar region, and osteoarthritis. The patient is status post left knee arthroscopy with menisectomy. The patient is status post lumbar fusion and is taking baby aspirin, as per progress report dated 03/18/15. The patient is on modified work, as per progress report 07/15/15. MTUS Guidelines, page 13-15, Antidepressants for chronic pain section states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, none of the progress reports available for review mention Nortriptyline. It is not clear if this is the first prescription for this medication or if the patient has used it in the past. The treater does not document efficacy in terms of reduction in pain and improvement, as required by MTUS page 60 for all pain medications. Additionally, there is no specific diagnosis of neuropathic pain for which Nortriptyline is indicated. Hence, the request IS NOT medically necessary.