

Case Number:	CM15-0168714		
Date Assigned:	09/09/2015	Date of Injury:	07/31/2004
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42 year old male who sustained an industrial injury on 07-31-2004. He reported a twisting injury of his left foot and ankle. The injured worker was diagnosed as having Post traumatic arthrofibrosis-synovitis with lateral impingement lesion of the left ankle, left ankle instability, and complex regional pain syndrome left foot and ankle, confirmed by diagnostic lumbar sympathetic block. Treatment to date has included sympathetic blocks, bracing of the foot and ankle, and oral medications. In the visit of 06/08/2015, the injured worker complains of increased pain in his left ankle and lower extremity rated as a 5 on a scale of 0-10 at rest and 8 on a scale of 0-10 with repetitive weight bearing activities. He reports difficulty using his ankle-foot orthosis due to the inability to fit it into his shoe gear. Records indicate his pain as unchanged since his of 05-11-2015. Objectively, there is moderate to severe tenderness on the lateral aspect of the left ankle, with a lateral impingement lesion. He also has moderate tenderness to the medial shoulder of the left ankle and diffuse tenderness throughout the entire forefoot. He has significant loss of inversion and loss of dorsiflexion to the left ankle, and a flexion contracture of the anterior tibial tendon. He walks with a perceptible limp with a shortened stride on the left side. He is using an ankle foot orthotic as an ambulatory aid with supportive shoes. He has no side effects from his medications of Gabapentin, Omeprazole, Naprosyn, and Norco. A request for authorization was submitted for Gabapentin 600mg, #120, and Norco 10/325mg, #60. A utilization review decision (08-07-2015) modified the requests to approve 1 prescription for Gabapentin 600 mg #80, and Norco 10/325 to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Gabapentin 600mg, #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptics such as Gabapentin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Gabapentin without any significant evidence of functional improvement on the documentation submitted. Therefore the request for continued Gabapentin is not medically necessary.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Norco 10/325mg, #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no evidence of objective urine toxicology screen for review. The documentation reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Norco is not medically necessary.