

Case Number:	CM15-0169348		
Date Assigned:	09/10/2015	Date of Injury:	05/09/2015
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
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: New Jersey

Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 5-09-2015. Diagnoses include lumbar sprain and strain and right knee sprain and strain. Treatment to date has included conservative measures including diagnostics, modified work, medications and physical therapy. Per the Primary Treating Physician's Initial Evaluation and Report dated 8-07-2015, the injured worker reported stabbing pain in his low back with radiation to the right knee. He also reported pins and needles into his right knee and right foot. He rated the lumbar spine pain as 8-9 out of 10, and the right knee pain as 3 out of 10. Objective findings of the lumbar spine included decreased ranges of motion and tenderness to palpation of the paravertebral muscles and right gluteus. Per the review of medical records dated 5-09-2015 to 8-07-2015 there is not documentation of improvement in symptomology, increase in activities of daily living or decrease in pain level. Work status is modified. The plan of care included a functional capacity evaluation, TENS unit, hot-cold unit, chiropractic care, acupuncture, and oral and topical medications. Authorization was requested for Cyclobenzaprine 7.5mg #60, Norco 5-325mg #60 and Gabapentin 15%-Amitriptyline 4%-Dextromethorphan 10% 180gm. On 8-17-2015, Utilization Review non-certified the request for Norco 5-325mg #60 and Gabapentin 15%-Amitriptyline 4%-Dextromethorphan 10% 180gm citing lack of medical necessity per the MTUS guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Norco was prescribed for his knee and back strain however, after weeks of using this medication the notes stated that, "Hydrocodone is not effective." Also, there was no clear documentation of functional gains and report of side effects or lack thereof from the regular use of Norco. Therefore, the request for continuation of Norco is not medically necessary.

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/25594152>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Specifically, the Guidelines list topical Gabapentin as a non-recommended medication due to its lack of supportive data for chronic pain use. Therefore, in this case, the combination topical analgesic, gabapentin/amitriptyline/dextromethorphan will be considered medically unnecessary as it contains a non-recommended ingredient.