

Case Number:	CM15-0180186		
Date Assigned:	09/22/2015	Date of Injury:	08/22/2012
Decision Date:	11/10/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/14/2015

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 48 year old female who sustained an industrial injury on 8-22-12. A review of the medical records indicates she is undergoing treatment for pain in joint - lower leg, effusion of joint - lower leg, chondromalacia patella, and tear of the medial meniscus of the knee. Medical records (6-15-15 to 7-13-15) indicate ongoing complaints of left knee pain, rating "8 out of 10". The 7-13-15 indicates that the "knee pain is unchanged" and is associated with swelling. She also complains of ankle pain. The physical exam (7-13-15) reveals tenderness to palpation in lateral and medial sides of the patella. Range of motion of the left knee is limited due to pain. The treating provider states, "there is effusion of the left knee". Diagnostic studies have included an MRI arthrogram of the left knee on 11-11-14 and a urine drug screen on 10-27-14. Treatment has included physical therapy and two arthroscopic surgeries, as well as oral and topical medications. Medications include Gabapentin 300mg every day, Voltaren gel, Ketoprofen, Omeprazole 20mg daily, and Ultracet 37.5mg three times daily as needed. Ultracet was added to the medication regimen on 7-13-15. The utilization review (8-12-15) indicates request for authorization of Ultracet 37.5 three times daily as needed #90, Ketoprofen 75mg twice daily #60, and Gabapentin 300mg three times daily #90. Ultracet and Gabapentin were denied authorization. Ketoprofen was certified authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, 1 by mouth 3 times a day: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: The patient presents with pain in the left knee and the right heel. The request is for gabapentin 300mg, 1 by mouth 3 times a day. Patient is status post left knee surgeries, the latest in October 2013. Physical examination to the left knee on 09/02/15 revealed tenderness to palpation over the medial and lateral poles of the patella. Patient had a full active range of motion in the left knee. Patient's treatments have included medication, physical therapy, ice therapy, TENS unit, and stretching/strengthening exercises. Per 05/16/15 progress report, patient's diagnosis include status post left knee meniscectomy and persistent joint swelling, persistent pain, and persistent severe chondromalacia. Patient's medications, per 08/17/15 progress report include Ketoprofen, Gabapentin, Omeprazole, and Voltaren Gel. Patient is permanent and stationary. MTUS Chronic Pain Treatment Guidelines 2009, pg 18, 19, Specific Anti-Epilepsy Drugs section states: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request; no RFA was provided either. In review of the medical records provided, a prescription for Gabapentin was first note in progress report dated 01/30/15 and the patient has been utilizing this medication at least since then. However, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.

Ultracet 37.5mg 1 by mouth 3 times a day as needed: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the left knee and the right heel. The request is for Ultracet 37.5MG 1 by mouth 3 times a day as needed. Patient is status post left knee surgeries, the latest in October 2013. Physical examination to the left knee on 09/02/15 revealed tenderness to palpation over the medial and lateral poles of the patella. Patient had a full active range of motion in the left knee. Patient's treatments have included medication, physical therapy, ice therapy, TENS unit, and stretching/strengthening exercises. Per 05/16/15 progress

report, patient's diagnosis include status post left knee meniscectomy and persistent joint swelling, persistent pain, and persistent severe chondromalacia. Patient's medications, per 08/17/15 progress report include Ketoprofen, Gabapentin, Omeprazole, and Voltaren Gel. Patient is permanent and stationary. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 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, Criteria For Use Of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The treater does not specifically discuss this request; no RFA was provided either. A prescription for Tramadol (Ultracet) first appears in progress report dated 10/27/14 and the patient has been utilizing it since then. In progress report dated 03/30/15, it is stated that Tramadol causes upset stomach and stop Tramadol because made her sleepy. In this case, there are no discussions in regards to this medication's impact on the patient's pain and function. No before and after pain scales were used for analgesia. No ADL's were discussed showing specific functional improvement. No UDS test results and CURES reports were available; there were no discussions on adverse effect and other measures of aberrant behavior either. Outcome measures were not discussed and no validated instruments were used showing functional improvement as required by MTUS. Given the lack of documentation, as required by the guidelines, the request IS NOT medically necessary.