

Case Number:	CM15-0182061		
Date Assigned:	09/23/2015	Date of Injury:	01/01/2012
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 60 year old female, who sustained an industrial injury on January 1, 2012. She reported injury to cervical spine, thoracic spine, lumbosacral spine and right shoulder. The injured worker was currently diagnosed as having persistent symptomatic right knee medial meniscus tear, chondromalacia, cervical spine sprain and strain, right hand carpometacarpal and metacarpophalangeal joint swelling, thoracic spine sprain and strain, lumbar sprain and strain, non-specific right hip pain, left knee pain and internal derangement, right knee internal derangement, adjustment disorder with anxiety and depression, epigastric pain consistent with possible gastroesophageal reflux disease aggravated by NSAIDs and resolving right shoulder impingement syndrome. Treatment to date has included diagnostic studies, surgery, home exercise, physical therapy and medication. On July 13, 2015, she was noted to have persistent right knee pain, swelling and catching which had not resolved with "conservative treatment." On July 30, 2015, the injured worker complained of intermittent bilateral hand pain, knee pain rated a 6 plus on a 1-10 pain scale, left thigh pain rated a 4-5 on the pain scale and lumbar spine pain rated a 6 on the pain scale. She reported her right shoulder is better since surgery. The treatment plan included an orthopedic consultation, pain management consultation, right knee surgical request, Gabapentin-Ketoprofen Lidocaine cream and Norco. A request was made for Norco 7.5-325mg #60 and Gabapentin-Ketoprofen-Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction.

Decision rationale: The injured worker sustained a work related injury on January 1, 2012. The medical records provided indicate the diagnosis of persistent symptomatic right knee medial meniscus tear, chondromalacia, cervical spine sprain and strain, right hand carpometacarpal and metacarpophalangeal joint swelling, thoracic spine sprain and strain, lumbar sprain and strain, non-specific right hip pain, left knee pain and internal derangement, right knee internal derangement, adjustment disorder with anxiety and depression, epigastric pain consistent with possible gastroesophageal reflux disease aggravated by NSAIDs and resolving right shoulder impingement syndrome. Treatments have included surgery, home exercise, physical therapy and medication. The medical records provided for review do not indicate a medical necessity for Norco 7.5/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for long-term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the long-term use of this medication with no overall improvement in pain and function. The records indicate inconsistent urine drug screen (The urine was positive for opioids that were not prescribed some days before the test). The requested treatment is not medically necessary.

Gabapentin/Ketoprofen/Lidocaine cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on January 1, 2012. The medical records provided indicate the diagnosis of persistent symptomatic right knee medial meniscus tear, chondromalacia, cervical spine sprain and strain, right hand carpometacarpal and metacarpophalangeal joint swelling, thoracic spine sprain and strain, lumbar sprain and strain, non-specific right hip pain, left knee pain and internal derangement, right knee internal

derangement, adjustment disorder with anxiety and depression, epigastric pain consistent with possible gastroesophageal reflux disease aggravated by NSAIDs and resolving right shoulder impingement syndrome. Treatments have included surgery, home exercise, physical therapy and medication. The medical records provided for review do not indicate a medical necessity for Gabapentin/Ketoprofen/Lidocaine cream. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. The requested treatment contains Gabapentin and Ketoprofen, which are not recommended. Although the MTUS recommends Lidocaine, it is only recommended as the 5% Lidocaine as Lidoderm patch formulation. Therefore, the requested treatment is not medically necessary.