

Case Number:	CM15-0183844		
Date Assigned:	09/24/2015	Date of Injury:	02/22/2006
Decision Date:	10/29/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California

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 53 year old male, who sustained an industrial injury on 2-22-2006. He reported a left knee injury from a physical altercation. Diagnoses include left knee pain status post 10 surgeries. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, and therapeutic injections. Currently, he complained of ongoing left knee pain. Current medications included Norco, Celebrex, Gabapentin, Cymbalta, and Voltaren Gel topically. On 6-2-15, the provider documented pain level were rated 8 out of 10 VAS without medication and 3 out of 10 VAS with medications with improved functional ability noted with medication use. An Opiate agreement was signed on 6-2-15 and a urine drug screen was done. On 8-25-15, the physical examination documented ongoing tenderness to the left knee. The plan of care included ongoing medication therapy and a second opinion with an orthopedic consultation. The appeal requested authorization for Norco 10-325mg #90; Celebrex 200mg #30 with two refills; and Neurontin 800mg #90 with two refills. The Utilization Review dated 9-16-15, denied the Norco 10325mg, and modified the request to allow Celebrex 200mg #30 with no refills and Neurontin 800mg #90 with no refills citing the California Medical Treatment Utilization Schedule (MTUS) Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill: 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 for chronic pain, Opioids for neuropathic pain, Opioids, steps to avoid misuse/addiction.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 8 months in combination with NSAIDS and topical analgesics. Pain reduction attributed to Norco cannot be determined. There was no mention of Tylenol or weaning failure. The continued and chronic use of short-acting opioids such as Norco is not medically necessary.

Celebrex 200mg #30 with 2 refills: 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): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The claimant had been on Celebrex for several months in combination with Opioids. Pain reduction due to Celebrex cannot be determined. The continued use of Celebrex is not medically necessary.

Neurontin 800mg #90 with 2 refills: 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: According to the MTUS guidelines, Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Neurontin use. Furthermore, the treatment duration was longer than recommended. Neurontin with 2 refills is not medically necessary.