

Case Number:	CM15-0185994		
Date Assigned:	09/28/2015	Date of Injury:	12/07/2001
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male, who sustained an industrial-work injury on 12-7-01. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, degenerative joint disease (DJD), lumbar degenerative disc disease (DDD), chronic knee sprain and mononeuritis. Medical records dated (4-9-15 to 8-24-15) indicate that the injured worker complains of chronic pain in the left knee and low back. The pain is described as burning, shooting, radiating, numbness and achy. The pain is rated 9 out of 10 on the pain scale. The least reported pain over the period since the last assessment is rated 8 out of 10, the average pain is rated 8-9 out of 10 and the pain relief lasts about 3-4 hours. The injured worker reports that the pain is worse with activity and improved with medication use. He also reports numbness, joint pain, stiffness, muscle weakness, depression, anxiety, stress and insomnia. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 8-24-15 work status is permanent and stationary. The physical exam dated 8-24-15 reveals that the injured worker ambulates with single point cane with antalgic gait and wearing a left knee brace. The left knee has decreased range of motion noted. The lumbar exam reveals decreased and painful range of motion by 50 percent, positive hypertonicity and lumbar tenderness to palpation. Treatment to date has included pain medication including Neurontin since at least 2011, Pamelor since at least 2011 and Relafen since at least 2011, knee surgery 2002, physical therapy, acupuncture, psyche care, Cognitive Behavioral Therapy (CBT) and other modalities. The request for authorization date was 8-24-15 and requested services included Neurontin 300mg #30, Pamelor 10mg #60 and Relafen 500mg #60. The original Utilization review dated 9-8-15 non-certified the request for Neurontin 300mg #30, Pamelor 10mg #60 and Relafen 500mg #60 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #30: 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: The claimant has a remote history of a work injury in December 2001 and is being treated for low back and left knee pain due to an injury sustained during an altercation with a co-worker. He underwent left knee surgery in March 2002. A left total knee replacement is being recommended. When seen, complaints included pain rated at 8/10 with symptoms including burning and shooting. Physical examination findings included ambulating with an antalgic gait with use of a cane. He was wearing a left knee brace. Medications were prescribed. He had been receiving Neurontin at 2 times per day. A dose of 300 mg daily was prescribed.

Relafen was continued. Pamelor was being prescribed and was continued at a dose of 20 mg at night. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended without documented efficacy of this medication at the current dose and no titration was being planned with the dose actually being decreased. Ongoing prescribing at this dose is not medically necessary.

Pamelor 10mg #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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Nortriptyline Prescribing Information.

Decision rationale: Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain, and tricyclics medications are generally considered a first-line agent. Dosing of Pamelor (nortriptyline) for neuropathic pain can start as low as 25 mg and, in many people low doses are enough to control the symptoms of pain. In this case, the dose is less than that recommended and there is no evidence of improvement at the current dose. Ongoing prescribing at this dose is not medically necessary.

Relafen 500mg #60: Overturned

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 (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen (nabumetone) of 2000 mg/day. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and medically necessary.