

Case Number:	CM15-0187716		
Date Assigned:	09/29/2015	Date of Injury:	04/11/2007
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/24/2015

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: Emergency 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:

This 41 year old woman sustained an industrial injury on 4-11-2007. Diagnoses include lumbar discogenic disease, bilateral sacroiliac radiculopathy, right knee tendinitis and internal derangement, left knee compensatory injury with meniscal tear, and internal derangement. Treatment has included oral medications. Physician notes dated 7-30-2015 show complaints of low back, knees and ankle pain with increased sciatica and complaints of constipation due to medications. The physical examination shows lumbar spine spasms, painful and limited range of motion, right leg sciatica, positive bilateral straight leg raise, and positive Lasegue bilaterally. Tenderness to palpation was noted at the bilateral knees, with patellofemoral crepitation. The left knee showed increased medical joint pain. Recommendations include Norco, Amitiza, Neurontin, Toradol inject5ion was administered for flare up, and follow up in six weeks. Utilization Review denied a request for Norco and Neurontin on 8-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg PO #180: 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 for chronic pain, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of any objective improvement in pain or functional status. There is no documentation of screening for abuse or any urine drug screen provided for review. There are noted issues with constipation. Documentation does not support continued use of Norco, therefore is not medically necessary.

Neurontin 600mg PO #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: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication chronically for at least 6months and there is no documentation of any actual objective benefit. Patient has documentation of radicular pain on exam with some sensory deficits but no corroborating imaging or electrodiagnostic tests were provided for review. There is no documentation of any objective improvement. Gabapentin is not medically necessary.