

Case Number:	CM15-0190410		
Date Assigned:	10/02/2015	Date of Injury:	07/31/2004
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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 42 year old male, who sustained an industrial injury on 07-31-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for twisting injury to the left foot and ankle, post-traumatic arthrofibrosis verses synovitis of the left ankle, left ankle instability, and complex regional pain syndrome. Medical records (05-11-2015 to 08-10-2015) indicate ongoing left ankle pain and lower extremity pain. Pain levels were 5-8 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-10-2015, revealed moderate to severe tenderness over the lateral aspect of the left ankle in the lateral gutter and anterior talofibular ligament with a lateral impingement lesion, moderate tenderness to the medial shoulder of the left ankle with diffuse tenderness throughout the entire forefoot, significant loss of inversion at 8° out of 20° to the left subtalar joint, loss of dorsiflexion to the left ankle with 0° out of 10°, evidence of left ankle instability, and a flexion contracture of the anterior tibial tendon. Relevant treatments have included physical therapy (PT), work restrictions, and pain medications (Norco and gabapentin since at least 05-11-2015). The IW denied side effects of medications; however, there was no discussion or mention of urine drug screenings or aberrant behaviors. The request for authorization (09-01-2015) shows that the following medications were requested: gabapentin 600mg #120 and Norco 10-325mg #80. The original utilization review (09-03-2015) non-certified the request for gabapentin 600mg #120, and partially approved Norco 10-325mg #80 (modified to #34).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #120: 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: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600mg #120 is not medically necessary or appropriate.

Norco 10/325mg #80: 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, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, pain treatment agreement.

Decision rationale: Review indicates the request for Norco was modified to #34 for weaning purposes. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of

specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2004 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #80 is not medically necessary or appropriate.