

Case Number:	CM15-0191124		
Date Assigned:	10/05/2015	Date of Injury:	12/07/2001
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/29/2015

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: New York, West Virginia, Pennsylvania
 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:

The injured worker is a 50 year old male, who sustained an industrial injury on 12-7-2001. A review of the medical records indicates that the injured worker is undergoing treatment for degenerative joint disease, degenerative lumbar disc disease, knee sprain, and mononeuritis. On 8-24-2015, the injured worker reported low back and left knee pain rated 8 out of 10, improved with medication use. On 7-30-2015, the injured worker rated his pain as 9 out of 10, with the least reported pain since the previous assessment 8 out of 10, and average pain 9 out of 10. The Primary Treating Physician's report dated 8-24-2015, noted the injured worker's current medications as Norco, prescribed most recently since at least 4-9-2015, Relafen, prescribed since at least 8-27-2014, Neurontin, prescribed since at least 8-27-2014, and Pamelor, prescribed since at least 4-9-2015. The physical examination was noted to show the injured worker with an antalgic gait, ambulating with a single point cane wearing a left knee brace with left knee decreased painful range of motion (ROM). Prior treatments have included at least 6 sessions of acupuncture, left knee surgery, physical therapy, Orthovisc injections, and medications including Tramadol, Tylenol, Vicodin, Naprosyn, Celebrex, Zanaflex, Lidoderm patches, and Zonegran. The treatment plan was noted to include prescriptions for Relafen, Neurontin, Pamelor, and Norco. The injured worker's work status was noted to be permanent and stationary. A urine drug screen (UDS) dated 8-8-2014 was noted to be consistent with the prescribed medications. The request for authorization dated 9-14-2015, requested Pamelor 10mg #60, Norco 10-325mg #70, Neurontin 300mg #30, and Relafen 500mg #60. The Utilization Review (UR) dated 9-17-2015,

certified the request for Pamelor 10mg #60, and non-certified the requests for Norco 10-325mg #70, Neurontin 300mg #30, and Relafen 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #70: 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.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg #70 is not medically necessary.

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): Medications for chronic pain.

Decision rationale: Guidelines recommend gabapentin for treating diabetic painful neuropathy and post herpetic neuralgia. It may also be used as a first line treatment for neuropathic pain. Continued use of gabapentin is recommended if there is adequate response to pain. In this case, the patient reported continued pain and did not show any functional improvement. Thus the request for Gabapentin 300 mg #30 is not medically appropriate and necessary.

Relafen 500mg #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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Guidelines recommend NSAIDs for treatment of osteoarthritis at the lowest effective dose for the shortest period of time. In this case, there is a lack of evidence of objective and radiographic findings suggestive of the diagnosis of osteoarthritis and there is no documentation of prior use being efficacious. The request for Relafen 500 mg #60 is not medically appropriate and necessary.