

Case Number:	CM15-0197926		
Date Assigned:	10/13/2015	Date of Injury:	11/25/2008
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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 60 year old male who sustained an industrial injury on November 25, 2008. A recent orthopedic encounter dated April 03, 2015 reported subjective complaint of "increased right foot pain." He has a neuroma which has been painful. He notes the pain comes and goes depending on the weather. He continues to get swelling in the neuroma off and on. He has difficulty walking. The pain is reported as "constant." He states that medications bring his pain level down to a 4 in intensity and he uses Norco three times daily with benefit. He further notes the "spinal cord stimulator is very beneficial," it helps improve his pain by 40%. He tries to exercise daily and is walking about ½ mile daily. He notes having lost about 25 pounds over past 7-8 months. Current medication regimen consisted of: Norco, Gabapentin, Amlodipine, and Aspirin. He has a surgical history for: 2010 foot surgery, before 2000 left wrist, and 2014 spinal cord stimulator implant. The following were applied to this visit: pain in joint of ankle and foot; reflex sympathetic dystrophy of upper limb, and neuropathy in other diseases. There is note that "the patient demonstrates increased activity and functionality on Opiate therapy." He continues to work 4 hours daily. The plan of care is with requesting recommendation to continue current medication regimen," with note of "plan to decrease Norco in a few months." On September 01, 2015 a request was made for Gabapentin, Norco and Naproxen which were noncertified by Utilization Review on September 09, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg one by mouth 3 times a day #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov;94 (2):149-58.

Decision rationale: The claimant sustained a work injury in November 2008 and is being treated for chronic right foot pain. He has a history of three ankle and foot surgeries with a lateral ankle stabilization and excision of an exostosis and interdigital neuroma. Medications are referenced as decreasing pain from 6/10 to 4/10. Medications were being well tolerated and enabling him to continue working 4 hours per day. A spinal cord stimulator was implanted in January 2014 and was improving pain by 40% and being used constantly. When seen, Physical examination findings included ambulating with a cane. There was mild tenderness and sensitivity. Naprosyn, Norco, and gabapentin were prescribed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decrease in pain and allowing the claimant to continue working part time. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Naprosyn 500mg, one by mouth 2 times a day with food #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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: The claimant sustained a work injury in November 2008 and is being treated for chronic right foot pain. He has a history of three ankle and foot surgeries with a lateral ankle stabilization and excision of an exostosis and interdigital neuroma. Medications are referenced as decreasing pain from 6/10 to 4/10. Medications were being well tolerated and enabling him to continue working 4 hours per day. A spinal cord stimulator was implanted in January 2014 and was improving pain by 40% and being used constantly. When seen, Physical examination findings included ambulating with a cane. There was mild tenderness and sensitivity. Naprosyn, Norco, and gabapentin were prescribed. Oral NSAIDs(non-steroidal

anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain and right foot and ankle inflammation and the requested dosing is within guideline recommendations and is medically necessary.

Gabapentin 600mg, one by mouth 3 times a day #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in November 2008 and is being treated for chronic right foot pain. He has a history of three ankle and foot surgeries with a lateral ankle stabilization and excision of an exostosis and interdigital neuroma. Medications are referenced as decreasing pain from 6/10 to 4/10. Medications were being well tolerated and enabling him to continue working 4 hours per day. A spinal cord stimulator was implanted in January 2014 and was improving pain by 40% and being used constantly. When seen, Physical examination findings included ambulating with a cane. There was mild tenderness and sensitivity. Naprosyn, Norco, and gabapentin were prescribed. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic 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. In this case, the claimant's gabapentin dosing is consistent with that recommendation is providing benefit in treating the claimant's neuropathic pain and ongoing prescribing was medically necessary.