

Case Number:	CM15-0198185		
Date Assigned:	10/13/2015	Date of Injury:	01/15/2013
Decision Date:	11/20/2015	UR Denial Date:	10/05/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 47 year old female, who sustained an industrial injury on January 15, 2013. She reported repetitive trauma to her feet. The injured worker was currently diagnosed as having bilateral Morton's neuroma and nonspecific pitting edema of the bilateral ankles and forelegs. Treatment to date has included left foot surgery, medications, physical therapy and custom-made shoe inserts. Post-surgery, she was noted to acquire an infection and ended up with neuropathy afterwards. On September 21, 2015, the injured worker complained of pain in the forefeet bilaterally, left side worse than the right. The pain was noted to get worse during the day. She rated her pain as a 4-5 on a 1-10 pain scale. Notes stated that without her medications, her pain levels would be a 7-8 on the pain scale. She occasionally has trouble sleeping at night. Wearing soft socks, wearing shoes and walking were noted to all increase her symptoms. She stated that gabapentin has helped her and Norco helps her tremendously. Physical examination revealed palpatory tenderness in the forefoot. She had one to two plus pitting edema around her ankle and foreleg, but not in the foot. Squeezing the forefoot increased her pain on both sides. The treatment plan included Norco, gabapentin, Celebrex, follow-up with her regular physician regarding her pitting edema and follow-up visit. On October 5, 2015, utilization review denied a retrospective request for Norco 5-325mg #60, Gabapentin (Neurontin) 300mg #90 and Celebrex 200mg #30 (dispensed 09-21-2015). A request for Norco 5-325mg #60, Gabapentin (Neurontin) 300mg #90, Celebrex 200mg #30 and office visit follow-up in four weeks was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 5/325mg, #60 dispensed on 09/21/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Norco 5/325mg # 60 dispensed September 21, 2015 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long- term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are bilateral Morton's neuroma; and nonspecific pitting edema bilateral ankles and forelegs. Date of injury is January 15, 2013. Request for authorization is September 28, 2015. The documentation in the medical record from July 8, 2015 consists of podiatry clinical documentation. The documentation indicates the medications are prescribed by the primary care provider (nonindustrial). According to a new patient evaluation dated September 21, 2015 (PM&R), subjective complaints are bilateral forefoot pain left greater than right, pain score 5/10. Gabapentin helps. Norco helps tremendously. The injured worker is on Celebrex as well. Objectively, there is tenderness to palpation over the forefoot with well-heeled scars. The documentation indicates the private primary care physician prescribes Norco, gabapentin and Celebrex to the injured worker. The requesting provider (PMR) requested both retrospective prescriptions for Norco, gabapentin and Celebrex and new prescriptions for Norco, gabapentin and Celebrex. There is no documentation in the medical record with a clinical indication or rationale for the concurrent refills for Norco, gabapentin and Celebrex (both retrospective and new prescriptions). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for the concurrent prescription of both retrospective Norco and a new prescription, retrospective Norco 5/325mg # 60 dispensed September 21, 2015 is not medically necessary.

Retrospective Gabapentin (Neurontin) 300mg, #90 dispensed on 09/21/2015: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepilepsy drugs (AEDs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Gabapentin (Neurontin) 300 mg #90 dispense September 21, 2015 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are bilateral Morton's neuroma; and nonspecific pitting edema bilateral ankles and forelegs. Date of injury is January 15, 2013. Request for authorization is September 28, 2015. The documentation in the medical record from July 8, 2015 consists of podiatry clinical documentation. The documentation indicates the medications are prescribed by the primary care provider (nonindustrial). According to a new patient evaluation dated September 21, 2015 (PM&R), subjective complaints are bilateral forefoot pain left greater than right, pain score 5/10. Gabapentin helps. Norco helps tremendously. The injured worker is on Celebrex as well. Objectively, there is tenderness to palpation over the forefoot with well- heeled scars. The documentation indicates the private primary care physician prescribes Norco, gabapentin and Celebrex to the injured worker. The requesting provider (PMR) requested both retrospective prescriptions for Norco, gabapentin and Celebrex and new prescriptions for Norco, gabapentin and Celebrex. There is no documentation in the medical record with a clinical indication or rationale for the concurrent refills for Norco, gabapentin and Celebrex (both retrospective and new prescriptions). Based on clinical information in the medical record, peer- reviewed evidence-based guidelines, no clinical indication or rationale for the concurrent prescription of both retrospective Gabapentin and a new prescription, retrospective Gabapentin (Neurontin) 300 mg #90 dispense September 21, 2015 is not medically necessary.

Retrospective Celebrex 200mg, #30 dispensed on 09/21/2015: Upheld

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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Celebrex 200 mg #30 dispensed September 21, 2015 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX two nonsteroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non selective nonsteroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are bilateral

Morton's neuroma; and nonspecific pitting edema bilateral ankles and forelegs. Date of injury is January 15, 2013. Request for authorization is September 28, 2015. The documentation in the medical record from July 8, 2015 consists of podiatry clinical documentation. The documentation indicates the medications are prescribed by the primary care provider (nonindustrial). According to a new patient evaluation dated September 21, 2015 (PM&R), subjective complaints are bilateral forefoot pain left greater than right, pain score 5/10. Gabapentin helps. Norco helps tremendously. The injured worker is on Celebrex as well. Objectively, there is tenderness to palpation over the forefoot with well-heeled scars. The documentation indicates the private primary care physician prescribes Norco, gabapentin and Celebrex to the injured worker. The requesting provider (PMR) requested both retrospective prescriptions for Norco, gabapentin and Celebrex and new prescriptions for Norco, gabapentin and Celebrex. There is no documentation in the medical record with a clinical indication or rationale for the concurrent refills for Norco, gabapentin and Celebrex (both retrospective and new prescriptions). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for the concurrent prescription of both retrospective Celebrex and a new prescription, retrospective Celebrex 200 mg #30 dispensed September 21, 2015 is not medically necessary.