

Case Number:	CM15-0199346		
Date Assigned:	10/14/2015	Date of Injury:	09/08/2014
Decision Date:	11/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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:

The injured worker is a 61 year old female, who sustained an industrial injury on 9-8-14. The injured worker was diagnosed as having left knee internal derangement; other derangement of the medial meniscus; sprain of knee; strain of unspecified muscle and tendon at lower leg level. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI left knee (5-1-15). Currently, the PR-2 notes dated 9-23-15 indicated the injured worker complains of left knee pains. She walks with a cane and reports the cane helps with walking, but cannot walk very far. She is in the office on this date for a periodic follow-up visit. The provider lists her current medications as: Trazadone 50mg 1 tablet nightly. Objective findings are documented as: "She has an antalgic bent knee gait with a cane. She does have left leg pains. She can kneel on the right but has to hold on and pull with her hands to get back up. The left knee is very tender along the medial joint line. There is slight swelling. McMurray maneuver does cause severe pains and a feeling that the knee will pop. Motion is 10-110. She has pain with attempt at extension." A MRI of the left knee done on 5-1-15 is reported by the provider as "shows a tear of the posterior horn of the medial meniscus as its root plus osteochondral loose bodies plus knee effusion and chronic synovitis versus mild lipoma arborescent. Thinning of medial articular cartilage but no full thickness defect." The provider documents "Current pain 8 out of 10, least reported pain 1 out of 10, average pain 6 out of 10, pain 30 minutes after opioid is 3 out of 10; analgesia is obtained, activities of daily living are improved, no adverse side effects with medication, no aberrant drug taking behaviors noticed. He has requested refills on her medications and discussed weight loss. PR-2 notes dated in 2014 indicate Norco 5-325 was

prescribed. The medical documentation submitted for review does not define the initial date of when these medications were prescribed. A Request for Authorization is dated 10-9-15. A Utilization Review letter is dated 9-29-15 and non-certification for Gabapentin 100 mg and Hydrocodone-Ibuprofen 7.5-200 mg. A request for authorization has been received for Lidoderm patch 5% (#30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100 mg: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: The requested Gabapentin 100 mg, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has current pain 8 out of 10, least reported pain 1 out of 10, average pain 6 out of 10, pain 30 minutes after opioid is 3 out of 10; analgesia is obtained, activities of daily living are improved, no adverse side effects with medication, no aberrant drug taking behaviors noticed. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 100 mg is not medically necessary.

Hydrocodone-Ibuprofen 7.5-200 mg: Overturned

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, dosing.

Decision rationale: The requested Hydrocodone-Ibuprofen 7.5-200 mg, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has current pain 8 out of 10, least reported pain 1 out of 10, average pain 6 out of 10, pain 30 minutes after opioid is 3 out of 10; analgesia is obtained, activities of daily living are improved, no adverse side effects with medication, no aberrant drug taking behaviors noticed. The treating physician has documented ADL functional stability with this low opiate load narcotic. The criteria noted above having been met, Hydrocodone-Ibuprofen 7.5-200 mg is medically necessary.