MAXIMUS Federal Services

Case Number:	CM15-0031418		
Date Assigned:	02/24/2015	Date of Injury:	07/04/2008
Decision Date:	04/17/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 52 year old male who sustained an industrial injury on 7/4/08. He currently complains of ongoing left hip and left knee pain. Pain level was not noted. Medications include Norco and gabapentin Diagnoses include chronic left knee pain, status post left knee arthroscopic surgery, partial menisectomy and chondroplasty (1/11); depression; right knee pain; left shoulder pain; left forearm distal radial fracture; trochanteric bursitis on the left side; distal radius fracture. Treatments to date include injection into left trochanteric bursa without any effect on pain and medications. Diagnostics include MRI left knee (9/12/13) showing multiple small foci of osteonecrosis in the distal femur and proximal tibia; multiple radiographs of the left hand and shoulder. In a progress note dated 11/24/14 the treating provider requested refill on his current medications due to ongoing pain. On 12/9/14, a request was submitted for Norco and Neurontin. On 2/5/15 Utilization Review non-certified the requests for Norco 10/325 mg #240 and Neurontin 800 mg #180 citing MTUS: Chronic Pain Medical treatment Guidelines: Opiates and MTUS: Chronic Pain Medical Treatment Guidelines respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro prescription of Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the most recent medical note dated November 24, 2014 reveals little documentation to support the medical necessity of Norco 10/325 mg and absent documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Retro prescription of Neurontin 800mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: With regard to anti-epilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The most recent progress note dated November 24, 2014 does not include any complaints of a radiculopathy or any other neuropathic

issues. Gabapentin was continued to prescribe on this date. Considering the absence of any neuropathy to warrant usage of gabapentin, this request is not medically necessary.