MAXIMUS Federal Services

Case Number:	CM15-0032128		
Date Assigned:	02/25/2015	Date of Injury:	05/23/1997
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/20/2015

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: Physical Medicine & Rehabilitation

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 51-year-old male, who sustained an industrial injury on May 23, 1997. The diagnoses have included chronic left leg pain. Treatment to date has included pain medications. Currently, the injured worker complains of left leg pain. In a progress note dated February 10, 2015, the treating provider reports the left lower extremity is healing well and dressing is intact, the, document is hand written and not all of it is legible. On February 19, 2015 Utilization Review non-certified a Norco 10/325mg quantity 180, and Neurontin 300mg quantity 60, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient was injured on 05/23/97 and presents with left leg pain. The request is for NORCO 10/325 MG #180. The RFA is dated 02/12/15 and the patients work status is not known. The patient has been taking Norco as early as 10/15/14. MTUS guidelines, pages 88 and 89, states, Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument. MTUS, page 78, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS, page 90, also continues to state that the maximum dose for hydrocodone is 60 mg per day. On 11/04/14, the patient rated his pain as an 8/10 with medications and a 4/10 without medications. Although the treater provides pain scales, not all 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES reports, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. No urine drug screens are provided to indicate if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

1 prescription of Neurontin 300mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) GabapentinMedications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient was injured on 05/23/97 and presents with left leg pain. The request is for NEURONTIN 300 MG #60. The RFA is dated 02/12/15 and the patients work status is not known. The patient has been taking Neurontin as early as 10/15/14. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain. MTUS page 60 also states, A record of pain and function with the medication should be recorded, when medications are used for chronic pain. The patient has an antalgic gait and a limited range of motion for her left leg. The 09/17/14 report states that Neurontin did not help during the day but did help him sleep. There are no further discussions provided regarding Neurontin. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. Although it appears that Neurontin has been beneficial, there are no specific examples of ADLs or pain scales provided to demonstrate the patients change in pain and function. Given the lack of documentation, the requested Neurontin IS NOT medically necessary.