MAXIMUS Federal Services

Case Number:	CM15-0080602		
Date Assigned:	05/01/2015	Date of Injury:	11/30/1990
Decision Date:	06/05/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 64 year old female who sustained an industrial injury on 11/30/90. The mechanism of injury is unclear. She currently complains of right sided low back pain. In addition she has right knee pain. Her pain level is 6/10 without medications and 4/10 with medications for the lumbar spine and 7/10 for the right knee. Medications are Norco, Soma, and Ambien. Diagnoses include cervicalgia; status post lumbar surgery in 2002; status post transformainal lumbar inter-body fusion and posterior spinal instrumentation and fusion with bilateral laminotomies, mesial facetectomies, lateral recess decompression; lumbar degeneration and stenosis; right leg radiculopathy; post patellectomy right and left knee with medial degenerative arthritis (right knee) and lateral joint degenerative arthritis (left knee). Treatments to date include medications; aqua therapy post-operatively with improvement in symptoms; home exercise program; physical therapy. Diagnostics include computed tomography of the lumbar spine (7/21/14). In the progress note dated 1/19/15 the treating provider's plan of care includes to refill Norco, soma and Ambien as the injured worker has substantial pain relief and improved function with these medications. In addition she is being worked up for knee surgery and discontinuing of medications could lead to decreased function and decompensation complications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin (unspecified dosage) #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The claimant is being worked up for a right total knee arthroplasty and has been prescribed Percocet for pain relief. The request is for an additional opioid, Oxycontin, which is an extended release formulation. The records submitted do not demonstrate that the short-acting opioid, Percocet, is ineffective in controlling the claimant's pain. In addition, combining two opioids increases the possibility of significant adverse side effects. In this case the request for Oxycontin is deemed not medically necessary.

Neurontin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aniepilepsy drugs Page(s): 16.

Decision rationale: Anitepilepsy drugs (AEDs) are recommended for neuropathic pain. Neurontin is recommended by the MTUS for postherpetic neuralgia and painful diabetic neuropathy. There is limited evidence to show that this medication is effective for postoperative pain. In this case, no objective findings are found in the records for the diagnosis of neuropathic pain (pain due to nerve damage), therefore the request is deemed not medically necessary.