

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0243248 | | |
| Date Assigned: | 12/22/2015 | Date of Injury: | 02/12/2006 |
| Decision Date: | 01/25/2016 | UR Denial Date: | 12/03/2015 |
| Priority: | Standard | Application Received: | 12/14/2015 |

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: Arizona, California

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:

This injured worker (IW) is a 35 year old female with a date of injury on 2-12-2006. The IW complained of low back and left ankle pain. Diagnoses included lumbago and joint pain in the left leg and ankle. Past treatments have included status post left ACL reconstruction and mesiscectomy, a lumbar L5-S1 fusion, a home exercise glider and daily stretching learned from physical therapy. Past medications have included Norco 10/325mg, Relafen 750mg and Voltaren 100mg. Past diagnostics have included an MRI and CT of the lumbar spine and an MRI of the left knee in 2015. The primary treating physician progress note dated 11-11-15 indicated the IW continued to have persistent low back pain with radiating symptoms into the lower extremities and pain in her left knee that bothers her most. The IW indicated her left knee grinds and pops all day and indicated she has had symptoms since her surgery. Her overall pain is a 6.5-7 out of 10. With medications her pain decreases to 5 out of 10. The medications allow her to remain functional despite the pain. The physical exam revealed tenderness to the left knee with pain on range of motion. Current medications include Norco 10/325mg and Gabapentin 800 mg. The treatment plan is to continue her current medications, continue with her current exercises, and a request for an orthopedic surgeon consult and treatment for her left knee. The recent MRI of the IW's left knee showed possible partial thickness tear versus mucoid changes in the anterior cruciate ligaments which may be causing significant pain. She also has a small joint effusion. The physician request for authorization on 11-19-15 is for Norco 10mg/325mg, #180 and Gabapentin 800mg, #90. Utilization review decision on 11-18-15: Non-Certification of Norco 10mg/325mg, #180 and Non-certification of Gabapentin 800mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180, dispensed on 11/11/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. There was no mention of Tylenol, Tricyclic or weaning failure. The continued and chronic use of Norco is not medically necessary.

Gabapentin 800mg #90, dispensed on 11/11/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ. 2015 Apr 16; 350:h1748. doi: 10.1136/bmj.h1748.Epidural steroid injections compared with gabapentin for lumbosacral radicular pain: multicenter randomized double blind comparative efficacy study. Cohen SP1, Hanling S2, Bicket MC3, White RL4, Veizi E5, Kurihara C6, Zhao Z7, Hayek S8, Guthmiller KB9, Griffith SR10, Gordin V11, White MA12, Vorobeychik Y13, Pasquina PF14. J Back Musculoskelet Rehabil. 2009;22(1): 17-20. doi: 10.3233/BMR-2009-0210. Gabapentin monotherapy in patients with chronic radiculopathy: the efficacy and impact on life quality. Yildirim K1, Deniz O, Gureser G, Karatay S, Ugur M, Erdal A, Senel K.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.