

Case Number:	CM14-0130177		
Date Assigned:	08/20/2014	Date of Injury:	11/24/2012
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 30-year-old female who reported an injury on 11/24/2012, due to a piece of metal going into her shin after trying to subdue a horse. The injured worker had a history of shin pain and left knee pain. The injured worker had a diagnoses of left chondromalacia patella and status post left lower extremity injury. The MRI dated 06/09/2014, of the left knee revealed an anterior/posterior cruciate ligaments intact with focal softening at the medial patellar facet; no other abnormalities noted. The past diagnostic tests included x-rays, tetanus shot, physical therapy and medication. The objective findings dated 07/23/2014 of the left knee revealed active range of motion with flexion 130 degrees, extension 0 degrees and passive range of motion 130 degrees flexion and extension 0 degrees. No swelling or deformity or effusion noted. There was ecchymosis or skin breakdown, tenderness to palpation with skin hypersensitivity over the area just distal to the knee with pain with range of motion. Stability of the joint and tracks well within range of motion. No instability with manipulation or weight bearing. Neurological exam revealed limited strength with normal sensation and normal deep tendon reflexes. The medications include Norco 10/325 mg and Neurontin 300 mg with a rated pain to the left knee of 9/10 using the VAS. The treatment plan included weight bearing as tolerated, full range of motion, braced, medication, and ice therapy and therapy, follow-up in 6 weeks. A Request for Authorization dated 07/10/2014, was submitted with documentation. The rationale for the Norco and Neurontin was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 #120 two refills is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The injured worker has had physical therapy and medication and the injury was 2 years ago and should be weaned from the Norco. The MRI revealed chondromalacia patella, however, no other injuries were noted. The documentation should include the activities of daily living, adverse side effects and the aberrant drug taking behavior. The request did not address frequency. As such, the request is not medically necessary.

Neurontin 300mg #60 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific drug list, Gabapentin Page(s): 16.

Decision rationale: The request for the Neurontin 300 mg #60 two refills is not medically necessary. The California MTUS guidelines indicate that Gabapentin is 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. The guidelines indicate that Neurontin is for diabetic neuropathy or postherpetic neuralgia. The clinical notes do not indicate the injured worker was diagnosed with diabetic neuropathy or postherpetic neuralgia or neuropathic pain. The request did address the frequency. As such, the request is not medically necessary.