

Case Number:	CM15-0017965		
Date Assigned:	02/05/2015	Date of Injury:	08/29/2010
Decision Date:	03/27/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/30/2015

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 43 year old female, who sustained an industrial injury on August 29, 2010. The diagnoses have included knee joint disease, internal derangement of knee and pes anserinus bursitis of knee. A progress note dated January 13, 2015 provides the injured worker complains of right knee pain rated constant at 5/10. Physical exam revealed no apparent distress with range of motion (ROM) of the knee flexion 100 degrees and extension +10 degrees. On January 22, 2015 utilization review non-certified a request for Gabapentin 600mg. quantity #90 0 refills and Norco 10/8325 quantity #90 refills 0. Guidelines utilized in the decision were not apparent in the record. Application for independent medical review (IMR) is dated January 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg QTY #90 0 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic (AKA anti-convulsants) drugs Page(s): 18-19, 49.

Decision rationale: According to the 01/13/2015 report, this patient presents with right knee pain that is "sharp, stabbing, cramping, shooting, burning, tingling, aching, dull, gnawing, nagging, throbbing and severe." The current request is for Gabapentin 600mg, QTY: 90, 0 refills and this medication was first mentioned in the 10/15/2014 report. The request for authorization is on 01/15/2015. The patient's work status is "medically disabled." Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of the provided reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. The treating physician indicates that the pain is "relieved by medicines and ice" and the patient is "more functional with the medication than without." In this case, given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. The current request IS medically necessary.

Norco 10/8325 QTY #90 refills 0: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 01/13/2015 report, this patient presents with right knee pain that is "sharp, stabbing, cramping, shooting, burning, tingling, aching, dull, gnawing, nagging, throbbing and severe." The current request is for Norco 10/8325, QTY: 90, refills 0. This medication was first mentioned in the 10/15/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. In reviewing the provided reports, the treating physician documented the patient's "Functional Status and Quality of Life" is: Walking: 6/10, Sitting: 6/10, Getting out of a chair/off the toilet: 8/10, Chores/Housework: 9/10, Personal Care (Bathing, Grooming, Dressing, Etc.): 9/10, Leisure Activities: 10/10, Sexual Activity: 10/10, Driving: 8/10, and Work: 10/10. The patient can perform self-care, grooming, toileting, and hygiene with moderate difficulty. Pain is ranging from a 5-10 in the past week. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain. ADL's are discussed as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other

opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document analgesia, ADL's, Adverse effects and Adverse behavior as required by MTUS. The request IS NOT medically necessary.