MAXIMUS Federal Services

Case Number:	CM15-0018589		
Date Assigned:	02/03/2015	Date of Injury:	06/05/2012
Decision Date:	04/14/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/02/2015

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 42-year-old female, who sustained an industrial injury on June 5, 2012. The diagnoses have included foot pain and pain in joint. Treatment to date has included physical therapy, home exercise program and medication. Currently, the injured worker complains of right foot pain. The injured worker rates her pain a 7 with medications on a 10-point scale and 10 on a ten-point scale without medications. Her quality of sleep is poor and her activity level has increased. She uses a cane for ambulation. She has a right-sided antalgic gait. Her right ankle has swelling and movements are restricted with pain. She has tenderness over the Achilles tendon talo-fibular ligament medial and lateral malleolus. On January 13, 2015, Utilization Review non-certified a request for 30 Gabapentin 30 mg between 1/9/2015 and 3/13/2015, 30 gabapentin 300 mg between 1/9/2015 and 3/13/2015 and 30 Vicodin 5-300 mg between 1/9/2015 and 3/13/2015, noting that as sufficient time and medication have been provided for weaning, it would be inappropriate to continue the gabapentin or Vicodin. The California Medical Treatment Utilization Schedule was cited. On February 2, 2015, the injured worker submitted an application for IMR for review of 30 Gabapentin 30 mg between 1/9/2015 and 3/13/2015, 30 gabapentin 300 mg between 1/9/2015 and 3/13/2015 and 30 Vicodin 5-300 mg between 1/9/2015 and 3/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Gabapentin 300mg + 1 Refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs).

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

Decision rationale: According to the 12/24/201 4 report, this patient presents with sharp right foot pain; that is at a 7/10 with medications and a 10/10 without medications. The current request is for 30 Gabapentin 300mg + 1 refill. This medication was first mentioned in the 05/08/2013 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 01/09/2015. The patient's work status was not mentioned in this report. 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 the patient's pain decrease from a 10/10 to a 7/10 with the use of medications. 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.

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30 Vicodin 5-300mg + 1 Refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDSMedications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: According to the 12/24/201 4 report, this patient presents with sharp right foot pain; that is at a 7/10 with medications and a 10/10 without medications. The current request is for 30 Vicodin 5/300mg +1 refill. This medication was first mentioned in the 05/23/2013 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 01/09/2015. The patient's work status was not mentioned in this report.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. Per the treating physician, "with the medications the patient can stand and walk for 30 to 45 minutes at a time and perform household tasks with less pain for the same amount of time. Without medications she has less capability for standing, walking, household tasks." The treating physician further states, "The patient currently has adequate and appropriate Analgesia medications with functional benefit and improved quality of life. The patient has improved capability for ADL including Self Care and household tasks with the medications, which is reflected in improved capability for daily functional activities. The patient denies any new adverse effects from medications. The risks and the benefits of the medications have been discussed with the patient in detail and continued to be reiterated on every visit. The patient currently does not exhibit any Adverse-behavior to indicate addiction."In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.