

Case Number:	CM15-0113187		
Date Assigned:	06/19/2015	Date of Injury:	06/08/2012
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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: Emergency Medicine

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 66 year old woman sustained an industrial injury on 6/8/2012. The mechanism of injury is not detailed. It is reported that the worker felt a pop in the left knee and received immediate medical attention including anti-inflammatory medication, opioid analgesia, and an orthopedic consultation. Evaluations include an undated left knee MRI. Diagnoses include left knee meniscal damage, left knee pain, lumbar discogenic disease, left hip internal derangement, and depression. Treatment has included oral medications. Physician notes dated 5/27/2015 show complaints of left knee pain. Nothing else concerning pain or function is documented. Exam of left knee reveals pain with distraction of meniscus, negative drawer but pain with loading. Range of motion is normal except for flexion which is limited by pain. No neurologic deficits were provided. Recommendations include possible future surgical intervention, Soma, Norco, Gabapentin, urine drug screening, and follow up in four weeks. A note dated 6/4/15 states that urine drug results were inconsistent which was positive for sertraline, THC and prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has not documented any improvement in objective pain or functional status with current opioid therapy. Documentation fails to support continued Norco use. Norco is not medically necessary.

Carisoprodol 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol(Soma) Page(s): 29.

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. MTUS guidelines do not approve of this medication under any circumstances. Carisoprodol is not medically necessary.

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

Decision rationale: Gabapentin(Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain and is considered a 1st line medication. Patient does not have diagnosis that is consistent with neuropathic pain. There is no exam or imaging that supports neuropathy provided. Pt has been on this medication chronically with no documentation of actual benefit. There is no documentation of any objective improvement. Gabapentin is not medically necessary.