

Case Number:	CM15-0120859		
Date Assigned:	07/07/2015	Date of Injury:	05/06/2013
Decision Date:	09/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

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:

The injured worker is a 42 year old male, who sustained an industrial injury on 05/06/2013. He has reported subsequent left knee pain and was diagnosed with anterior cruciate ligament tear of the left knee, status post revision anterior cruciate ligament reconstruction in January of 2014, and degenerative arthritis of the left knee. MRI of the left knee showed moderate to high grade areas of cartilage loss in the medial femoral condyle, patellar tendinopathy and small knee joint effusion. Treatment to date has included medication, physical therapy, Supartz injection, application of ice and surgery. Documentation shows that Norco had been prescribed since at least 07/21/2014. In a pain management evaluation note dated 04/27/2015, the physician requested authorization for Gabapentin and indicated that if the injured worker did not tolerate this medication that a trial of Lyrica should be started. In a progress note dated 05/28/2015, the injured worker complained of left knee pain that remained the same since the last evaluation. Objective findings were notable for limited range of motion and a left antalgic gait. Work status was noted to be modified if work duties available and temporarily totally disabled if modified duties were unavailable. A request for authorization of Norco 10/325 mg #90/30 and Topamax 25 mg #30/30 was submitted. There was no medical documentation submitted that pertains to this treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, improved functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The most recent PR-2 notes do not indicate the severity of pain, intensity of pain after the opiate or the duration of pain relief and there was no discussion of side effects. An agreed medical evaluation (AME) dated 04/01/2015 notes the worst pain as 10/10 and average pain as 6/10 and there is no documentation of a significant reduction of pain with use of this medication in the most recent progress notes. The documentation shows that this medication had been prescribed to the injured worker since at least 07/21/2014 and there was no documentation of any significant functional improvement. Records do not include drug screen results. The most recent AME report indicates that the injured worker continued to have moderate difficulty with performing activities of daily living and there was no change in work status. Therefore, the request for authorization of Norco 10/325 mg #90/30 is not medically necessary.

Topamax 25mg #30/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: According to the CA MTUS (2009) Anti-Epilepsy Drugs (AEDs) are considered a first-line treatment for neuropathic pain. Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. There was no medical documentation submitted that pertains to the treatment request for Topamax or any discussion as to why the medication was being prescribed. A 04/27/2015 pain management evaluation note indicated that the injured worker would begin a trial of oral Gabapentin followed by a trial of Lyrica if Gabapentin was not tolerated, however the subsequent visit notes did not address the effectiveness of the medications. Therefore, there is insufficient documentation of a failure of other anticonvulsant medications. There is also no mention of Topamax in the most recent visit notes prior to the utilization review. The request for authorization of Topamax 25 mg #30/30 is not medically necessary.

