

Case Number:	CM15-0060994		
Date Assigned:	04/07/2015	Date of Injury:	05/03/2012
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/31/2015

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 49 year old male sustained an industrial injury to the back, bilateral knees and bilateral ankles via cumulative trauma on 5/3/12 to 5/3/13. Previous treatment included electromyography, massage, heat and medications. In a PR-2 dated 3/5/15, the injured worker complained of pain to bilateral knees, bilateral ankles, bilateral feet and the lumbar spine, rated 8/10 on the visual analog scale without medications and 3/10 with medications with claimed "able to accomplish activities of daily living". Physical exam was remarkable for antalgic gait, lumbar spine with tenderness to palpation at L4-5, slight scoliosis, positive bilateral straight leg raise and decreased range of motion, bilateral knees with slight tenderness and crepitus at bilateral knee joints, unrestricted range of motion and satisfactory gross stability and tenderness to palpation to bilateral ankles with full range of motion. Psychiatric note dated 1/21/15 notes continued claims of 5-9/10 pain and complaints concerning various "aches" affecting feet to back as opioids were being tapered. Current medications documented include Norco, Neurontin, Flexeril and medications for diabetes and hypertension. Urine drug screen for 9/10/14 was only positive for tramadol and 12/17/14 was positive for norco and tramadol. Current diagnoses included possible peripheral neuropathy, Achilles tendinitis, bilateral knee sprain/strain, lumbar spine sprain/strain, bilateral ankle sprain/strain, tarsal tunnel syndrome and plantar fasciitis. The treatment plan included continuing Flexeril, Neurontin and Norco, continuing home exercise and obtaining a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids.

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

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. Patient has documented claimed improvement of pain from 8/10 to 3/10 with claimed improvement in activity of daily living. There are urine drug screen and reported screening for abuse and side effects. However, urine drug screen are positive for tramadol which are not on listed prescribed medications and provider has failed to document where this medication is coming from. Patient has reportedly claimed of dramatic improved pain which is an indication to either wean patient from opioids or potentially switching to longer lasting opioids. There is no long term plan documented by provider. Documentation fails criteria to support continued use of norco. Norco is not medically necessary.

Neurontin 300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

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. Pt has been on this medication chronically for almost 1 year with documentation of claimed improvement in pain which is not consistent. Records show patient still has intermittent severe pain ranging from 8-9/10 which "improves" with medication which is not consistent with mechanism of neurontin. There is no documentation of any objective improvement with only some vague reports of subjective improvement. There is no documentation of decrease in opioid use. The lack of any objective improvement does not support the use of Gabapentin and it is therefore not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of objective improvement. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.