

Case Number:	CM15-0098534		
Date Assigned:	05/29/2015	Date of Injury:	09/26/2000
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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 75 year old male patient who sustained an industrial injury on 09/26/2000. A follow up visit dated 06/20/2012 reported the patient with subjective complaint of experiencing increased back pain that radiates from the low back down the anterior thigh and medial calf wrapping around and including the dorsum of foot and middle toes back down the anterior thigh and medial calf to the instep low back down left lower backache and left knee pain. He reports his quality of sleep as poor. His activity level has remained unchanged and he states the medications working well. He is also with complaint of constant left knee pain. The low back pain continues to progress; pending authorization for lumbar epidural steroid injection. Current medications are: Lidoderm %5 patch; Rozerem, Gabapentin 300mg, and Norco 10/325 mg. Diagnostic review showed a magnetic resonance imaging study done on 08/14/2009 that revealed moderate facet arthropathy in the lumbar region l4-5 and L5-S1 bilaterally; also with multiple disc protrusions and degeneration. On 06/13/2008, 04/29/2009, and 04/13/2009 he was administered a transforaminal epidural steroid injection with excellent prolonged results. Previous surgeries to include: left total hip arthroplasty 06/19/2007 which was complicated by a femur fracture post-operatively; 10/01/2005 left knee partial meniscectomy, and 11/28/2006 partial replacement right knee. On 08/18/2009 he underwent electrodiagnostic nerve conduction study which revealed l4 versus l5 stable irritation on the left; otherwise benign study. He also underwent a multitude of both lumbar medial branch blocks neurotomies, radiofrequency. The following diagnoses are applied: post lumbar laminectomy syndrome; lumbar facet syndrome; lumbar radiculopathy; lumbosacral spondylosis; lumbar

lumbosacral disc degeneration, and spinal lumbar degenerative disc disease. The plan of care involved: administration of lumbar transforaminal epidural injection. Objective findings showed a straight leg raise maneuver still with negative results but with continued decreased strength of left hip flexor and left dorsiflexion. A more recent follow up visit dated 04/15/2015 reported subjective complaint of lower backache and bilateral knee pains. Current medications are: Colace, Senokot S, Norco 10/325, and Neurontin 300mg. The patient has tried a topical anti-inflammatory without benefit. The diagnoses applied are: hip pain and hip degenerative joint disease. The plan of care standing with recommendation for additional injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #120 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drug (AED's).

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

Decision rationale: Based on the 03/25/15 progress report provided by treating physician, the patient presents with low back pain that radiates down left leg and bilateral knee pain. The patient is status post left knee partial meniscectomy 10/01/05, partial replacement right knee 11/28/06, and left hip total hip arthroplasty 06/19/07. The request is for NEURONTIN 300MG #120 WITH 1 REFILL. RFA not provided. Patient's diagnosis on 04/15/15 included hip pain and hip degenerative disc disease. Physical examination to the lumbar spine on 03/25/15 revealed restricted range of motion, especially on extension 10 degrees. Positive straight leg raising on the left at 10 degrees. Treatment to date included surgeries, lumbar epidural steroid injections, imaging studies and medications. Patient's medications include Norco, Neurontin, Colace and Senokot. The patient is permanent and stationary, per 04/15/15 report. Treatment reports were provided from 03/26/14 - 04/15/15. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Neurontin has been included in patient's medications, per treater reports dated 03/26/14, 01/17/15, and 03/25/15. Per 03/25/15 report, treater states "patient is taking his medications as prescribed. He states that medications are working well... the patient is able to perform ADL's and move more freely with aide of pain meds... continue Neurontin for neuropathic pain... When patient has been without Neurontin his pain has increased and functional status drastically decreased was unable to get up from bed." The patient continues with pain and neuropathic symptoms, and treater has documented benefit from medication. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Norco 10/325 #14: Upheld

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

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

Decision rationale: Based on the 03/25/15 progress report provided by treating physician, the patient presents with low back pain that radiates down left leg and bilateral knee pain. The patient is status post left knee partial meniscectomy 10/01/05, partial replacement right knee 11/28/06, and left hip total hip arthroplasty 06/19/07. The request is for NORCO 10/325 #14. RFA not provided. Patient's diagnosis on 04/15/15 included hip pain and hip degenerative disc disease. Physical examination to the lumbar spine on 03/25/15 revealed restricted range of motion, especially on extension 10 degrees. Positive straight leg raising on the left at 10 degrees. Treatment to date included surgeries, lumbar epidural steroid injections, imaging studies and medications. Patient's medications include Norco, Neurontin, Colace and Senokot. The patient is permanent and stationary, per 04/15/15 report. Treatment reports were provided from 03/26/14 - 04/15/15. 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per treater reports dated 03/26/14, 01/17/15, and 03/25/15. Per 03/25/15 report, treater states, "patient is taking his medications as prescribed. He states that medications are working well... the patient is able to perform ADL's and move more freely with aide of pain meds." Per 04/15/15 report, "WITH medications, patient is able to lift 5-10 lbs, walk 5 blocks, sit 60 minutes and stand 30 minutes. With the medication, the patient can perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately 30 minutes at a time. WITHOUT the medications, patient is able to lift 2 lbs, walk 1 blocks, sit 30 minutes and stand 15 minutes or less. Without medication, the patient can perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately 10 minutes at a time." In this case, treater has documented functional measures that show significant improvement. However, per 03/25/15 and 04/15/15 reports, pain is rated 7/10 with and 8/10 without medications. One point on a VAS scale is not significant for analgesia. Furthermore, there are no UDS's, opioid pain agreement, or specific discussions regarding aberrant behavior. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.