

Case Number:	CM14-0173266		
Date Assigned:	10/24/2014	Date of Injury:	09/22/2003
Decision Date:	11/25/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old male with an injury date of 09/22/03. The 10/01/14 report by [REDACTED] states that the patient presents with bilateral knee pain rated 8/10 left and 6/10 right. Pain is constant and the left knee feels like there is pulling form the inside and the right knee cracks and feels weak. Pain radiates to the left foot with constant numbness and tingling and to the right foot with occasional numbness and tingling. The patient also present with left ankle pain rated 7/10, Pain is intermittent with weakness and stabbing, and pain radiates to the left foot with constant numbness and tingling. He also presents with constant lower back pain rated 7/10 with pin and needles sensation and occasional radiation to the mid-back. The patient ambulates with a cane on the left side and is temporarily very disabled. Examination of the bilateral knees shows positive crepitus and tenderness to palpation. The patient's diagnoses include: Ankle sprain Lumbar sprain/strain Status post left knee surgery multiple last 2012 Left knee sprain/strain Right knee strain compensatory Poor coping and sleep disturbance Gastritis Medications are listed as Norco, Diclofenac, Gabapentin, Trazadone, Methoderm and Sertraline. The utilization review being challenged is dated 10/11/14. Reports were provided from 01/15/11 to 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89, 78.

Decision rationale: The patient presents with constant bilateral knee pain radiating to the feet along with left ankle and lower back pain. The treater requests for: Norco (Hydrocodone an Opioid) 10/325 mg #60. The reports provided show the patient has been taking these medications since at least 02/19/14. 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. "The treater states the medication is for severe pain. The reports provided show assessment of the patient's pain at each visit with the use of pain scales. Left knee pain is rated 8/10, right knee 6/10, ankle pain 7/10, and lower back pain 7/10 from 04/09/14 to 10/01/14 with no change. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not addressed. No urine toxicology reports are provided or discussed and no outcome measures are documented. The reports show no change in pain level, which does not appear significant enough to warrant continued use of long-term opiates. There is not sufficient documentation to support long-term opioid use as required by MTUS. Recommendation is for denial.

Menthoderm gel #120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Salicylate Topical, and Menthol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient presents with constant bilateral knee pain radiating to the feet along with left ankle and lower back pain. The treater requests for Retrospective request for Menthoderm gel #120 on 10/01/14. The reports provided indicate this medication is newly started. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." " There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. On 10/01/14, the treater states this medication is being dispensed as an alternative topical. However, the reports provided do not indicated how and where this topical is to be used. There is no discussion regarding its efficacy. Given the lack of appropriate documentation, recommendation is for denial.

Gabapentin 600mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Medications Page(s): 18-19, 60.

Decision rationale: The patient presents with constant bilateral knee pain radiating to the feet along with left ankle and lower back pain. The treater requests for Gabapentin 600 mg #60 3 refills; it is unclear exactly when the patient started this medication. It first shows in the reports provided on 06/05/14. MTUS has the following regarding Gabapentin (MTUS pgs. 18, 19) Gabapentin (Neurontin Gaborone generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. MTUS Medications for chronic pain page 60 states that a record of pain and function. The treater states medication is for nerve pain. In this case, the medication is a first line treatment for neuropathic pain and the patient presents with this condition. However, the treater does not state in the reports if the medication is of benefit to the patient. MTUS requires a record of pain and function and medication is used for chronic pain (p60). Therefore, recommendation is for denial.