

Case Number:	CM14-0117684		
Date Assigned:	08/06/2014	Date of Injury:	08/01/2002
Decision Date:	10/26/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/26/2014

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. 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: Preventive Medicine, Occupational 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 65 year old female who sustained an industrial injury on 8-1-2002. A review of medical records indicates the injured worker is being treated for spinal sprain strain syndrome, right knee internal derangement, right knee contusion, lumbar discopathy, and bilateral knee patellofemoral chondromalacia. Medical records dated 5-30-2014 noted bilateral shoulder pain, left elbow, back pain, right knee, and foot pain which was rated an 8 out of 10. Medical records dated 4-21-2014 noted pain an 8 out of 10. Physical examination dated 5-30-2014 noted tenderness in the paraspinous musculature of the lumbar region. Range of motion was decreased. The right knee had tenderness over the medial and lateral aspects. Range of motion was reduced. It was noted Norco has been effective because it reduced the pain to the point where it allows the injured worker to perform some activities of daily living and that it helps to provide relief with her moderate to severe pain. The treating physician has documented that she has returned to work light duties. Treatment has included medications (Norco since at least 7-19-2013 and Gaba-Tramadol since at least 5-30-2014). Utilization review form dated 6-26-2014 noncertified Norco 10-325mg #60 and Gaba-Tramadol 10-20% 240gm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS Guidelines supports the careful use of opioids if there is meaningful pain relief, support of function and a lack of drug related aberrant behaviors. This individual meets these criteria. In particular, the Guidelines specifically state that if there has been a return to work, opioids are supported as this one of the best measures of functional support. Under these circumstances, the Norco 10/325mg, #60 is medically necessary.

Gaba/Tramadol 10/20% 240gm cream, 2x a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS Guidelines are very specific with the recommendation that only FDA/Guidelines supported agents be utilized and any compound containing a non-supported agent is not recommended. The Guidelines are very clear stating the topical Gabapentin is not supported and there is no support for the topical use of Tramadol. There are no unusual circumstances to justify an exception to Guidelines. The Gaba/Tramadol 10/20% 240gm cream, 2x a day is not supported by Guidelines and is not medically necessary.