

<b>Case Number:</b>	CM14-0129920		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/21/1998
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas, Ohio. 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 injured worker is a 67-year-old female who reported an injury on 11/21/1998. The mechanism of injury was not noted within the review. Her diagnoses were noted to be status post multiple surgeries to the left knee, post revision of the left total knee in 04/2010 with ongoing significant residual complaints and findings. In addition, a diagnosis of status post manipulation under anesthesia, status posts unicompartmental procedure according to the injured worker subsequent infection of the knee. Prior treatments were noted to be medications and therapy. The injured worker had several diagnostic imaging tests. The most recent knee surgery was in 2010 and that was a knee arthroscopy and knee replacement. She had a medical re-evaluation on 12/13/2011. She was noted to be using medications ibuprofen, amlodipine, Lisinopril, Zolpidem, Hydrocodone, Omeprazole, and Colace. She indicated subjective complaints of pain and stiffness of the left knee. She experienced clunk and clicking of the knee when she tried to move it, indicating it was very painful. The physical examination noted objective findings of the injured worker walking with a cane, using it with her right hand. It was noted that she limped and drug her leg, walking slowly. She wore an elastic support over the left knee. Physical examination of the left knee revealed well healed scars, slight increased temperature. There was cracking of the knee. Movement was very restricted. There appeared to be slight hyperextension of the knee. Range of motion was from 0 to 25 degrees. Range of motion was very painful. She demonstrated clunk that was present in the knee with limited motion coming from the lateral aspect of the knee, but palpated throughout the leg. With hand on the ankle, the clunk can be felt. It was thought, initially, the clunk was coming from the ankle, but it indeed felt that it was coming from the lateral aspect of the left knee. Neurologic examination noted cold to touch of the left leg. The treatment plan is recommendation to obtain

blood test, possible aspiration of the knee for cultures to rule out infection, and a gallium scan. The rationale for the request was not noted within this review. A Request for Authorization was also not obtained with the documentation submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Prescription Of Prilosec 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors with caution. It is necessary to determine if the patient is at risk for gastrointestinal events. Criteria would be age greater than 65 years; a history of peptic ulcer; GI bleeding perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. According to the documentation submitted for review, the injured worker did not have objective findings of indicators to put her at risk for gastrointestinal events. It is noted she has been using omeprazole. There is not an indication within the review that the omeprazole has been effective. In addition, the provider's request fails to indicate a frequency of use. As such, the request for 1 Prescription of Prilosec 20mg #60 is not medically necessary.

#### **Unknown Prescription Of Gaba/Keto/Lido: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines address topical analgesics. The guidelines state these topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided for review does not indicate failed trials of antidepressants and anticonvulsants. The provider's request of Gaba/Keto/Lido can be possibly a Gabapentin/Ketoprofen/Lidoderm medication. If such, Ketoprofen is not FDA approved for topical application. The guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, in addition to lack of documentation to support use, and an unknown quantity, frequency, and application site; the request for Unknown Prescription of Gaba/Keto/Lido is not medically necessary.

