

<b>Case Number:</b>	CM14-0062439		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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 49 year old male with an injury date of 05/31/12. The 07/01/14 reports states the patient presents with moderate back pain and severe right knee pain. The patient states that he cannot lose weight. He ambulates with a cane with antalgic gait, and is working with restrictions. Examination reveals the patient is 5'7" 305 pounds, and has pain in the medial joint line, lateral joint line and patellofemoral area of the right knee. The patient's diagnoses include: 1. Right knee probable lateral meniscus tear and medial meniscus tear with osteoarthritis of the lateral compartment 2. Lumbar sprain strain and herniated nucleus pulposus at L4-5 and L5-S1 of 3 mm with bilateral radiculopathy 3. Morbid obesity 4. Anxiety 5. Insomnia Medications as of 03/25/14 are listed as Phentermine, Tylenol #4, Prilosec, Gabapentin and Ketoprofen, Gabapentin and Tramadol creams. The utilization review being challenged is dated 04/23/14. The rationale regarding Phentermine is that there is no documentation the patient has had a detailed medical examination nor is there any comorbid illness listed as contraindications of use. Reports were provided from 01/08/13 to 10/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phentermine 37.5mg Qty# 60 Qty# 60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/phentermine.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039 National Institutes of Health <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011706/>.

**Decision rationale:** The patient presents with moderate back and severe right knee pain as well as morbid obesity. The treater requests for Phentermine 37.5 mg QTY #60. The date of the treater's request is not stated in the reports provided. MTUS and ODG are silent on this medication. National Institutes of Health, National Library of medicine states this medication is an Appetite suppressant, centrally acting. <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011706/>. AETNA guidelines support the use of Phentermine for weight loss when other dietary measures have failed. The treater states that this medication is for weight loss and the reports repeatedly state concern that the patient is at least 100 pounds overweight. The reports show the patient has been taking this medication since at least 10/22/13. On 08/19/14 the treater states that right knee arthroscopy has been delayed for the patient until he could lose weight. This report also states, "He has lost about 30 pounds and he is plateaued." In this case, the medication is indicated for weight loss and the request seems reasonable. This request is medically necessary.

**Tylenol #4 Qty# 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88 and 89, 78.

**Decision rationale:** The patient presents with moderate back and severe right knee pain as well as morbid obesity. The treater requests for : TYLENOL #4 QTY #90 (Codeine). The date of the treater's request is not stated in the reports provided. The reports show the patient used this medication from at least 04/16/13 to 07/01/14 after which Norco (an opioid) was started. 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 reports provided show that pain is not routinely assessed through the use of pain scales. Pain is rated 8/10 on 04/16/13 and 07/16/13 and 7/10 on 10/22/13 and 12/03/13; however, recent reports do not use pain scales. The treater notes that the patient is working with restrictions. However, the treater does not mention how the medication allowing the patient to function better, including ADL's and work. No validated instruments are used to show that the use of opiate is making a difference in this patient's function. Opiate management issues are partially addressed. The treater states that a UDS was taken 06/06/13 and that the presence of Codeine and Morphine was consistent. On 07/24/13 a UDS was run showing the presence of no prescribed drugs which the treater stated was consistent as the patient had run out

of medications. A UDS was taken 08/26/14; however, it is not discussed in the reports provided. No urine toxicology reports are provided. The treater does not discuss adverse side effects or behavior. No outcome measures are provided as required by MTUS. In this case, there is not sufficient documentation of analgesia and opiate management issues to support long term opioid use. This request is not medically necessary.

**Prilosec 20mg Qty# 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines- Pain Chapter.

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

**Decision rationale:** The patient presents with moderate back and severe right knee pain as well as morbid obesity. The treater requests for PRILOSEC 20 mg QTY #90. The date of the treater's request is not stated in the reports provided. The reports show the patient used this medication from at least 01/08/13. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The treater states this medication is used to protect the patient's stomach. The reports do not show current use of NSAID or ASA, and the treater does not provide GI assessment as required by MTUS. This request is not medically necessary.

**Topical creams: Ketoprofen Qty# 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112.

**Decision rationale:** The patient presents with moderate back and severe right knee pain as well as morbid obesity. The treater requests for Topical Creams Ketoprofen QTY 1. The date of the treater's request is not stated in the reports provided. The reports show the patient has been using this medication since 07/16/13. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." The treater does not discuss this

medication. In this case, Ketoprofen is not approved for topical formulation per MTUS. This request is not medically necessary.

**Gabapentin 300mg Qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18,19.

**Decision rationale:** The patient presents with moderate back and severe right knee pain as well as morbid obesity. The treater requests for Gabapentin 300 mg QYT 30 (2/DAY). The date of the treater's request is not stated in the reports provided. The reports show the patient has been using this medication since 03/25/14. MTUS has the following regarding Gabapentin (MTUS 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. The treater states that this medication is for nerve pain, and the medication is indicated as a first line treatment for neuropathic pain which is present in this patient. However, the treater does not state whether or not Gabapentin helps the patient. MTUS page 60 states that pain and function must be recorded when medications are used for chronic pain. This request is not medically necessary.