

<b>Case Number:</b>	CM14-0076420		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/02/1980
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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 66-year-old male with date of injury of 01/02/1980. The listed diagnoses per [REDACTED] are: 1. Lumbosacral spine sprain/strain with bilateral lower extremity radicular pain. 2. Status post left elbow surgery. 3. Status post total knee replacement in September 2010 with revision arthroplasty on 09/18/2013 with continued pain in the right knee. 4. Left knee degenerative joint disease. According to this report, the patient complains of bilateral knee pain and low back pain. He also notes issues with insomnia that have improved with the use of gabapentin for neuropathic pain. The patient is utilizing Percocet 10/325 up to 3 a day for breakthrough pain. He is also using gabapentin 600 mg at bedtime for neuropathic pain which has been beneficial. The patient rates his pain 6/10 with the use of medication and 10/10 without the use of medication. The patient notes significant pain reduction with the use of medication. He also states that with medication, his functional status has improved. He is able to walk for longer distances and stand for longer periods of time. He also feels that the medication has allowed him to sleep much more comfortably. He is able to perform his activities of daily living as well as participate in meaningful activities with his family. Without medication, the patient states he would be sedentary and inactive. The patient demonstrates no drug-seeking behavior and he is using his medications as prescribed. The patient has signed an opioid agreement and remains compliant with its terms. He does not experience any side effects with the medications. The physical exam shows the patient has moderate bilateral lumbar paraspinal tenderness. There is no palpable muscle spasms present. The patient has a negative straight leg raise exam bilaterally. There is a well-healed scar on the right knee with mild swelling. There is tenderness to palpation over the lateral and medial joint line. He has full extension and flexion of the knee. The utilization review denied the request on 05/19/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **75 Percocet 10/325:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treating physician is requesting Percocet 10/325. For chronic opiate use, the MTUS Guidelines require specific documentations regarding pain and function. Page 78 of MTUS requires pain assessment that requires current pain, the least reported pain over the periods since last assessment, average pain; intensity of pain after taking the opioids, how long it takes for pain relief, and how long pain relief lasts. Furthermore, the 4 As for ongoing monitoring are required which includes: Analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records show that the patient was prescribed Percocet on 10/31/2013. The progress report dated 03/05/2014 notes that the patient's pain level with medication is 6/10, and without medication, 10/10. He notes significant pain reduction with the use of medications. He also states that with medication, his functional status has improved. He is able to walk longer distances and stand for longer periods of time. He is also able to perform his activities of daily living and participate in meaningful activities with his family. The patient does not demonstrate any drug-seeking behavior and is currently taking his medications as prescribed. The urine drug screen dated 02/06/2014 showed compliance with medication regimen. In this case, the treating physician has documented all the required criteria for continued use of this opioid. Therefore the request are medically necessary.

### **30 Gabapentin 600mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines not cited.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Pregabalin Page(s): 18,19; 49.

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treater is requesting gabapentin 600 mg. The MTUS Guidelines page 18 and 19 on 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. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The report dated 03/05/2014 notes medication efficacy stating, "The patient continues the use of gabapentin for neuropathic pain on a nightly basis. This has allowed him to decrease his use of Percocet." The

patient also notes that gabapentin is useful with his insomnia. In this case, MTUS does support the use of gabapentin as a first-line treatment for neuropathic pain and the treater has documented medication efficacy and functional improvement while utilizing this medication. Recommendation is for authorization.

**30 day trial for interferential current stimulation unit from RS medical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** This patient presents with low back and bilateral knee pain. The treating physician is requesting a 30-day trial for interferential current stimulation unit from RS Medical. The MTUS Guidelines page 118 to 120 on interferential current stimulation states that it is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications. There is limited evidence of improvement on those recommended treatments alone. It is possibly appropriate for the following conditions: 1. Pain is ineffectively controlled due to diminished effectiveness of medications. 2. Pain is ineffectively controlled with medications due to side effects. 3. History of substance abuse. 4. Significant pain from postoperative condition. 5. Unresponsiveness to conservative measures. In this case, the treating physician has documented medication efficacy for both Percocet and gabapentin. The records show that the patient's pain is well controlled with his current medication regimen and a trial of an interferential current stimulation unit is not medically necessary. Given the above the request is not medically necessary.