

<b>Case Number:</b>	CM14-0217846		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 was a 44 year old male, who was injured on the job, August 7, 2008. The injured worker slipped and fell, landing on the kneecaps. The injured worker underwent left arthroscopic surgery on July 2012. The right knee arthroscopic surgery was completed in April 1, 2013. The injured worker was diagnosed with lumbosacral strain and pain, chronic back pain, chronic pain syndrome and bilateral knee pain status post bilateral knee surgeries. While the injured worker was attending physical therapy, the injured worker started noticing lower back pain. The x-rays of the lumbar spine showed multilevel degenerative disc and joint disease. The injured worker received an orthovisc injection to the right knee. A cortisone injection was done postoperatively with only minimal improvement. The physical exam noted clicking in the left knee. The injured worker has associated numbness in both feet. The injured worker was currently using voltaren gel, Tylenol #3 and metformin. The injured worker states Vicodin causes constipation. The documentation submitted for review did not provide documentation of pain relief from pain medications or gels to effected arears. On December 3, 2014 the UR denied the request gabapentin 100% powder for the knees. The denial was based on the MTUS guidelines for Topical Analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Gabapentin 100% powder for the knees with date of service 8/31/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 44 year old male has complained of left knee pain and low back pain since date of injury 8/7/08. He has been treated with knee surger, orthovisc injection, steroid injection, physical therapy and medications. The current request is for Gabapentin 100% powder for the knees. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Gabapentin 100% powder is not indicated as medically necessary.