

<b>Case Number:</b>	CM15-0004243		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	06/07/2003
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 62-year-old male who reported an injury on 06/07/2003. The mechanism of injury was not stated. The current diagnoses include osteoarthritis of the left knee; wrist joint arthritis; stenosing tenosynovitis of the ring finger; element of sleep, depression, and stress; status post left total knee replacement; status post right wrist fusion; and status post 2 injections into the right ring finger. The injured worker presented on 12/04/2014 with complaints of persistent pain and activity limitation. The injured worker has been previously treated with TENS therapy. The current medication regimen includes Norco, Nalfon, Protonix, and trazodone. Upon examination, there was full extension of the left knee, 110 degrees flexion, obvious effusion, and prominence along the plate of the metacarpal. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amox-Clavulanate 875/125 #20 (Augmentin): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter, Amoxicillin-Clavulanate (Augmentin®)

**Decision rationale:** The Official Disability Guidelines recommend amoxicillin clavulanate as a first line treatment for bite wounds and other conditions involving skin and soft tissue infections. The injured worker does not maintain either of the above mentioned diagnoses. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

**Neurontin 600mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. The injured worker does not maintain a diagnosis of neuropathy or neuropathic pain. There was no evidence upon examination of peripheral neuropathy or neuropathic pain. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.