

<b>Case Number:</b>	CM15-0005877		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/02/1980
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 66 year old male, who sustained an industrial injury on January 2, 1980. He has reported left elbow and right knee pain. The diagnoses have included right total knee arthroplasty with revision and continued pain, left knee degenerative joint disease (DJD), lumbosacral sprain/strain and left elbow surgery. Treatment to date has included physical therapy, topical and oral medications. Currently, the IW complains of knee pain. Treatment includes home exercises, drug compliance urine toxicology screen, topical and oral medications. On January 7, 2015 utilization review non-certified a request for Norco 10/325mg #90 with 1 refill and Voltaren gel 1% #500gm with 1 refill and modified a request for Gabapentin 600 mg #30 with 1 refill. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 12, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325 mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids specific drug list, Opioids, criteria for use and when to.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 with one refill is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post right total knee arthroplasty in September 2010 with revision on 9/18/13 with continued right knee pain; left knee DJD; lumbosacral spine sprain/strain; and status post left elbow surgery. Subjectively, the injured worker complains of bilateral knee pain. Pain is worse with weight-bearing activities such as walking and standing. With medications the injured worker's CAS score is 5, 6/10 with medications and 8, 9/10 without medications. Objectively, there is bilateral lumbar paraspinal tenderness present with no spasm. Straight leg raising was negative. There is tenderness to palpation to the left knee over the medial and lateral joint line. Mild crepitus is noted. Muscle testing is 5/5 in all major muscle groups. There was no neurological evaluation. The documentation indicates the injured worker's date of injury is January 2, 1980 (35 years ago). The start date for Norco is unknown. There were no medical records from February 2014 to October 2014. Documentation from February 6, 2014 indicates the worker was taking Percocet 10/325 mg. There is no documentation of clinical rationale for the change from Percocet to Norco. Additionally, there is no documentation containing objective functional improvement as it relates to Norco efficacy. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of long-term Norco, Norco 10/325 mg #90 with one refill is not medically necessary.

**1 prescription of Gabapentin 600 mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Pain section, Gabapentin

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #30 with 1 refill is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED) and indicated for neuropathic pain as a first-line drug. In this case, the injured worker's working diagnoses are status post right total knee arthroplasty in September 2010 with revision on 9/18/13 with continued right knee pain; left knee DJD; lumbosacral spine sprain/strain; and status post left elbow surgery. Subjectively, the injured worker complains of bilateral knee pain. Pain is worse with weight-bearing activities such as walking and standing. With medications the injured worker's CAS score is 5, 6/10 with

medications and 8, 9/10 without medications. Objectively, there is bilateral lumbar paraspinal tenderness present with no spasm. Straight leg raising was negative. There is tenderness to palpation to the left knee over the medial and lateral joint line. Mild crepitus is noted. Muscle testing is 5/5 in all major muscle groups. There was no neurological evaluation. The documentation indicates the injured worker's date of injury is January 2, 1980 (35 years ago). The documentation does not contain any evidence of neuropathic signs or symptoms. The documentation does not contain evidence of objective functional improvement associated with long-term use of gabapentin. There is no clinical rationale for gabapentin. Consequently, absent clinical documentation with objective functional improvement in a clinical rationale for the ongoing, long-term use of Gabapentin, Gabapentin 600 mg #30 with one refill is not medically necessary.

**1 prescription for Voltaren gel 1%, #500 gm with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel 1% #500 g with one refill is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel 1% (diclofenac) is FDA approved for topical use. It is indicated for relief of osteoarthritis pain in the joints that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are status post right total knee arthroplasty in September 2010 with revision on 9/18/13 with continued right knee pain; left knee DJD; lumbosacral spine sprain/strain; and status post left elbow surgery. Subjectively, the injured worker complains of bilateral knee pain. Pain is worse with weight-bearing activities such as walking and standing. With medications the injured worker's CAS score is 5, 6/10 with medications and 8, 9/10 without medications. Objectively, there is bilateral lumbar paraspinal tenderness present with no spasm. Straight leg raising was negative. There is tenderness to palpation to the left knee over the medial and lateral joint line. Mild crepitus is noted. Muscle testing is 5/5 in all major muscle groups. There was no neurological evaluation. The documentation indicates the injured worker's date of injury is January 2, 1980 (35 years ago). Voltaren is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip or shoulder. There is no documentation the injured worker is suffering from osteoarthritis with pain related to osteoarthritis. Consequently, absent clinical documentation to support the use of Voltaren gel without a diagnosis of osteoarthritis related pain, Voltaren gel 1% #500 g with one refill is not medically necessary.