

<b>Case Number:</b>	CM15-0100542		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	03/06/2002
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old male, who sustained an industrial injury on March 6, 2002. He reported low back pain and bilateral knee pain. The injured worker was diagnosed as having right knee degenerative joint disease, left knee total arthroscopy and diabetes. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, conservative care, medications and work restrictions. Currently, the injured worker complains of continued low back and bilateral knee pain. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He reported occasional stabbing pain down the lower extremities. Evaluation on November 20, 2013, revealed continued pain as noted. He was encouraged to continue with the conservative care and home exercise plan. A urinary drug screen and medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Tramadol 50mg, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 03/30/2015 report, this patient presents with a 7/10 left knees pain, 5/10 right knee pain and a 6/10 low back pain. The current request is for (1) Prescription of Tramadol 50mg, #120. This medication was first mentioned in the 11/03/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 04/13/2015. The patient's work status is TDP. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's: analgesia, ADL's, adverse side effects, and adverse behavior are required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In reviewing the provided reports, the treating physician mentions the patient's ADL's as improve tolerance to standing and walking with medication. There is documentation pain but no before and after analgesia is provided. There is no aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. In this case, the treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request IS NOT medically necessary.

**(1) Prescription of Ibuprofen 800mg, #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Chronic pain Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** According to the 03/30/2015 report, this patient presents with both knees pain and low back pain. The current request is for (1) Prescription of Ibuprofen 800mg, #90. The request for authorization is on 04/13/2015 and the patient's work status is TPD. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In reviewing the provided reports, this medication is first documented on 03/30/2015 report. The treating physician mentions the patient improve tolerance to standing and walking with medication. In this case, the treating physician has documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

**(1) Prescription of Gabapentin 6% in base, 300mgs: Upheld**

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

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

**Decision rationale:** According to the 03/30/2015 report, this patient presents with both knees pain and low back pain. The current request is for (1) Prescription of Gabapentin 6% in base, 300mgs. The request for authorization is on 04/13/2015 and the patient's work status is TPD. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, MTUS does not support gabapentin as a topical product. The current request IS NOT medically necessary.

**1 Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter under urine drug testing.

**Decision rationale:** According to the 03/30/2015 report, this patient presents with both knees pain and low back pain. The current request is for 1 Urine drug screen. The request for authorization is on 04/13/2015 and the patient's work status is TPD. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In reviewing the available medical records, the patient's recent UDS test was administered on 11/03/2014. The treating physician indicates "Reviewed most recent toxicology screen today which is consistent with current medication consumption. Findings are consistent." In this case, the treating physician does not explain why another test is needed when the patient does not show any adverse behavior with opiates use. There is no discussion regarding high risk assessment to warrant such a frequent testing. Therefore, the request IS NOT medically necessary.