

<b>Case Number:</b>	CM15-0109571		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 42 year old male who reported an industrial injury on 7/24/2013. His diagnoses, and/or impressions, are noted to include: complex tear of the right knee meniscus; left knee derangement and meniscus tear; lumbar radiculopathy; status-post open rotation internal fixation of the right ankle; and chronic pain. No current imaging studies are noted. His treatments have included right knee arthroscopic surgery (9/5/14); left knee arthroscopic surgery (2/6/15); physical therapy; a left knee hinged brace; lumbar epidural steroid injection therapy; a home exercise program; medication management; and rest from work. The progress notes of 5/18/2015 noted a follow-up visit and re-examination of worsening and severe: neck pain that radiated down the right upper extremity, and was aggravated by activities; low back pain that radiated down the bilateral lower extremities and left testicle; a right hip click/clunk with range-of-motion with difficulty ambulating and pain in his heels; ongoing headaches; and moderate nausea, none of which is helped much by medications. Objective findings were noted to include moderate-severe distress; a slow and antalgic gait with use of cane; lumbar tenderness and spasms with moderately severe limited range-of-motion, positive straight leg raise, and decreased sensation; decreased grip strength; and mild swelling with tenderness to the right ankle. The physician's requests for treatments were noted to include the continuation of a Gabapentin and Norco, and for Diclofenac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Gabapentin 300mg, #90 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The patient is a 42 year old male with an injury on 07/24/2013. He had an open reduction internal fixation of a right ankle fracture. He also had a right knee meniscus tear, back pain and neck pain. MTUS, chronic pain guidelines note that Gabapentin (Neurontin) is FDA approved treatment for diabetic neuropathy and post herpetic neuropathy. The patient does not have any of these conditions and Neurontin is not medically necessary for this patient.

**1 prescription of Diclofenac 75mg, #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren); NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, hypertension and renal function; NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

**Decision rationale:** The patient is a 42 year old male with an injury on 07/24/2013. He had an open reduction internal fixation of a right ankle fracture. He also had a right knee meniscus tear, back pain and neck pain. MTUS, chronic pain guidelines note that NSAIDs are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDs decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDs for the shortest period of time is recommended. Long term use of NSAIDs is not recommended and the requested medication is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, specific drug list; Opioids for chronic pain; Opioids, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 67 - 69.

**Decision rationale:** The patient is a 42 year old male with an injury on 07/24/2013. He had an open reduction internal fixation of a right ankle fracture. He also had a right knee meniscus tear, back pain and neck pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the

ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the requested treatment is not medically necessary.