

<b>Case Number:</b>	CM15-0130399		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56 year old who sustained an industrial injury on 10/08/2008. Mechanism of injury occurred while moving a heavy table dropped injuring his back and right thumb. Diagnoses include tear of the medial cartilage or meniscus of the knee and osteoarthritis of the left leg. Comorbidities include diabetes, hypertension and high cholesterol. Treatment to date has included diagnostic studies, medications, use of a brace, cane, walker, Vascutherm, sling, H-wave unit, and Transcutaneous Electrical Nerve Stimulation unit, cognitive behavioral therapy acupuncture, home exercise program, occupational therapy, ice and heat application, aquatic therapy, and physical therapy. His medications include Mobic, Norco and Neurontin. His medications are not covered by Workman's Compensation. A physician progress note dated 05/29/2017 documents the injured worker complains of continued left knee pain, with an increase in pain and swelling since the last visit. He walks with a limp and uses a cane. On examination there is a trace effusion, and increased soft tissue swelling around the anterior knee. Active range of motion is from 0-90 degrees. He has continued diffuse joint line tenderness, medial greater than lateral. There is some tenderness in all of the soft tissues of the anterior knee. He is also tender throughout the hamstring tendons, medially and laterally. Treatment requested is for Norco, per 05/29/2015 order Qty: 1.00, Mobic, per 05/29/2015 order Qty: 1.00, and Neurontin, per 05/29/2015 order Qty: 1.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic, per 05/29/2015 order Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Meloxicam (Mobic), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Meloxicam is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Meloxicam (Mobic) is not medically necessary.

**Norco, per 05/29/2015 order Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 91, 78-80 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

**Neurontin, per 05/29/2015 order Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.