

<b>Case Number:</b>	CM15-0141560		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 (IW) is a 52 year old male who sustained an industrial injury on 06/09/2010. He reported left knee pain. The injured worker was diagnosed as having: Knee pain-left leg; Status post knee repair; Muscle scar; Chronic pain; Treatment to date has included a transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and oral and topical medications. Arthroscopic surgery was done 10 -04- 2010 for chondromalacia and tenosynovitis. A MRI was done of the left knee 04-01-2014 and noted thinning of the body of the medial meniscus slightly extending into the posterior horn, suggestive of tear and-or surgical change. Currently, the injured worker complains of left knee pain rated a 5 on a scale of 0-10. The worker complains of a tingling sensation and numbness in the left lower leg. He has no edema, the surgical site is unremarkable, and the knee is tender to palpation. His gait is antalgic. A request for authorization was made for the following: 1. Voltaren gel 1% 2. Gabapentin 3. Transcutaneous electrical nerve stimulation (TENS) patches 4. Fenoprofen 5. Orthopedic referral 6. Tylenol #3

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Pain Outcomes and Endpoints Page(s): 111, 9.

**Decision rationale:** The patient presents with left knee pain. The request is for VOLTAREN GEL 1%. Patient is status post left knee surgery, date unspecified. Physical examination to the left knee on 07/21/15 revealed tenderness to palpation. Patient's treatments have included medication, injections, image studies, knee support, TENS unit, chiropractic and physical therapy with minimal benefits. Per 06/16/15 progress report, patient's diagnosis include knee pain, status post knee repair, muscular tear, and chronic pain. Per 06/16/15 progress report, patient's medications include Gabapentin and Tylenol # 3. Patient's work status is modified duties. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period... Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." A prescription for Voltaren Gel was first noted in progress report dated 12/19/14. In this case, the treater has not discussed how Voltaren Gel decreases pain and significantly improves patient's activities of daily living. MTUS page 60 require recording of pain and function when medications are used for chronic pain. While the patient does present with peripheral joint problems for which topical NSAIDs may be indicated, given the lack of documentation of it's efficacy, the request IS NOT medically necessary.

**Gabapentin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

**Decision rationale:** The patient presents with left knee pain. The request is for GABAPENTIN. Patient is status post left knee surgery, date unspecified. Physical examination to the left knee on 07/21/15 revealed tenderness to palpation. Patient's treatments have included medication, injections, image studies, knee support, TENS unit, chiropractic and physical therapy with minimal benefits. Per 06/16/15 progress report, patient's diagnosis include knee pain, status post knee repair, muscular tear, and chronic pain. Per 06/16/15 progress report, patient's medications include Gabapentin and Tylenol # 3. Patient's work status is modified duties. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic

available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request. No RFA was provided either. In review of the medical records provided, a prescription for Gabapentin was first note in progress report dated 06/16/14 and the patient has been utilizing this medications at least since then. However, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request does not meet all the criteria listed by MTUS, therefore, it IS NOT medically necessary.

**Transcutaneous electrical nerve stimulation (TENS) patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** The patient presents with left knee pain. The request is for TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) PATCHES. Patient is status post left knee surgery, date unspecified. Physical examination to the left knee on 07/21/15 revealed tenderness to palpation. Patient's treatments have included medication, injections, image studies, knee support, TENS unit, chiropractic and physical therapy with minimal benefits. Per 06/16/15 progress report, patient's diagnosis include knee pain, status post knee repair, muscular tear, and chronic pain. Per 06/16/15 progress report, patient's medications include Gabapentin and Tylenol # 3. Patient's work status is modified duties. According to MTUS Chronic Pain Management Guidelines the criteria for the use of TENS in chronic intractable pain: (p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Treater has not discussed this request. No RFA was provided either. Review of the medical records indicate that the patient has been utilizing a TENS unit since at least 09/30/13. However, guidelines require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, the treater has not indicated how the unit is being used, how often and with what effectiveness in terms of pain relief and functional improvement. Furthermore, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others; but not for knee pain. Therefore, the request IS NOT medically necessary.

**Fenoprofen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient presents with left knee pain. The request is for FENOPROFEN. Patient is status post left knee surgery, date unspecified. Physical examination to the left knee on 07/21/15 revealed tenderness to palpation. Patient's treatments have included medication, injections, image studies, knee support, TENS unit, chiropractic and physical therapy with minimal benefits. Per 06/16/15 progress report, patient's diagnosis include knee pain, status post knee repair, muscular tear, and chronic pain. Per 06/16/15 progress report, patient's medications include Gabapentin and Tylenol # 3. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not discuss this request. Patient received prescriptions for Fenoprofen on 11/11/14 and 04/21/15. In this case, the treater has not documented pain reduction or functional improvement resulting from using Fenoprofen. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.