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| <b>Case Number:</b>   | CM15-0146467 |                              |            |
| <b>Date Assigned:</b> | 08/07/2015   | <b>Date of Injury:</b>       | 08/22/2013 |
| <b>Decision Date:</b> | 09/10/2015   | <b>UR Denial Date:</b>       | 07/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/28/2015 |

### 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 50 year old male, who sustained an industrial injury on August 22, 2013. He reported right knee pain. Treatment to date has included x-rays, MRI, physical therapy, surgery, Supartz injections and medication. Currently, the injured worker complains of right knee pain and swelling. He reports clicking and popping in the knee as well. He reports difficulty with lifting, prolonged sitting, standing and walking. The injured worker also reports an altered gait. The injured worker is diagnosed with a medical meniscus tear. His work status is temporary total disability. A note dated June 21, 2015 states, the injured worker experienced improvement from the Supartz injections. The following medications, Gabapentin 100 mg #90 with 3 refills and Diclofenac Sodium with Misoprostol 75 mg-200 mcg #30 with 3 refills are requested to continue to provide the injured worker with relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 capsules of Gabapentin 100mg with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with chronic right knee pain. The current request is for 90 capsules of Gabapentin 100mg with 3 refills. The RFA is dated 06/18/15. Treatment to date has included x-rays, MRI, physical therapy, knee surgery (11/06/13), Supartz injections and medication. The patient is not working. MTUS chronic pain guidelines have the following regarding Gabapentin on pages 18 and 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." According to Doctor's first report 06/18/15, the patient presents with right knee pain and swelling. Examination revealed patient is limping, there is weakness in the right knee and slight swelling noted. Treatment plan was for injections, acupuncture and the medications Gabapentin and Diclofenac. This is an initial request for medication. In this case, the patient presents with chronic knee pain with no indication of neuropathic pain. Gabapentin is recommended, per MTUS, as a first-line treatment for neuropathic pain. Given the patient does not meet the indication for this medication, this request IS NOT medically necessary.

**30 tablets of Diclofenac sodium with Misoprostol 75mg/200mcg with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter under Arthrotec (diclofenac/ misoprostol).

**Decision rationale:** This patient presents with chronic right knee pain. The current request is for 30 tablets of Diclofenac sodium with Misoprostol 75mg/200mcg with 3 refills. The RFA is dated 06/18/15. Treatment to date has included x-rays, MRI, physical therapy, knee surgery (11/06/13), Supartz injections and medication. The patient is not working. ODG-TWC, Pain (chronic) Chapter under Arthrotec (diclofenac/ misoprostol) states: "In the treatment of NSAIDs induced ulcers, omeprazole has proved to be at least as effective as misoprostol, but significantly better tolerated, and therefore misoprostol should not be considered a first choice treatment. (FDA, 2011)" According to Doctor's first report 06/18/15, the patient presents with right knee pain and swelling. Examination revealed patient is limping, there is weakness in the right knee and slight swelling noted. Treatment plan was for injections, acupuncture and the medications Gabapentin and Diclofenac. This is an initial request for medication. In this case, the treater does not explain why this medication was chosen over first-line treatments. There are no discussions of gastric problems or diagnosis of medication-induced gastritis. There is no documented GI assessment to warrant a prophylactic use of a PPI, either. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.