

<b>Case Number:</b>	CM15-0219270		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	06/18/1998
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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 58-year-old male who sustained an industrial injury 08-18-98. A review of the medical records reveals the injured worker is undergoing treatment for left knee anterior cruciate ligament tear status post reconstruction, medial meniscal tear, grade 4 chondromalacia of the medial femoral condyle,, status post right knee surgery, status post knee replacement and early failure of knee replacement, and posttraumatic degenerative joint disease of the medial and patellofemoral compartments. Medical records (10-13-15) reveal the injured worker complains of left ankle pain, rated at 8/10. The physical exam (10-13-15) reveals persistent tenderness over the anterior talofibular ligament and posterior calcaneal fibular ligament. Prior treatment includes left knee surgeries and knee replacement, as well as medications including Abilify, clonazepam, Dexilant, docusate, Fentanyl Patch, gabapentin, Lunesta, Naprosyn, omeprazole, Percocet, Pristiq, Skelaxin, Voltaren gel, and testosterone Cyplonate. The original utilization review (10-29-15) non certified the request for Gabapentin 800mg #180 with 3 refills, and Pristiq 50 mg 3#60 with 3 refills. The documentation supports that the injured worker has been on gabapentin and Pristiq since at least 03-13-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 800mg #180 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** The patient presents on 09/28/15 with pain in the lower back, cervical spine, and bilateral lower extremities. The patient's date of injury is 08/18/98. The request is for gabapentin 800mg #180 with 3 refills. The RFA is dated 09/28/15. Physical examination dated 09/28/15 reveals reduced muscle strength in the bilateral lower extremities, pain elicitation upon extension of the right knee with decreased range of motion noted, reduced patellar and Achilles reflexes bilaterally, positive FABER maneuver on the left, tenderness to palpation of the L4 through S1 facet capsules bilaterally with several trigger points noted in the lumbar spine. The patient is currently prescribed Voltaren gel, Centrum, Super B Complex, Topical Testosterone, Clonazepam, Percocet, Vitamin C, Abilify, IM Testosterone, Lunesta, Prisiq, Naproxen, Fentanyl, Gabapentin, Omeprazole, Horizant, Dexilant, and Docusate sodium. Patient is currently classified as permanent and stationary. MTUS Guidelines, Anti-epilepsy drugs (AED) section, pg 18,19 under Gabapentin has the following: "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." In regard to Gabapentin, the request is appropriate. This patient has been prescribed Gabapentin since at least 04/16/15. Guidelines indicate that anti-epilepsy drugs such as Gabapentin are considered appropriate for neuropathic pain. Addressing the efficacy of this patient's medications, progress note dated 09/28/15 has the following: "The patient has been continuing to note substantiate benefit of the medications, and he has nociceptive, neuropathic, and inflammatory pain is on the lowest effective dosing with about 90% improvement in pain..." While the provider does not specifically mention Gabapentin, given this patient's presentation, the conservative nature of this medication, and the documented benefits, continuation of Gabapentin is an appropriate measure. Therefore, the request is medically necessary.

**Pristiq 50mg #60 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Desvenlafaxine (Pritiq).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The patient presents on 09/28/15 with pain in the lower back, cervical spine, and bilateral lower extremities. The patient's date of injury is 08/18/98. The request is for pristiq 50mg #60 with 3 refills. The RFA is dated 09/28/15. Physical examination dated 09/28/15 reveals reduced muscle strength in the bilateral lower extremities, pain elicitation upon extension of the right knee with decreased range of motion noted, reduced patellar and

patellar and Achilles reflexes bilaterally, positive FABER maneuver on the left, tenderness to palpation of the L4 through S1 facet capsules bilaterally with several trigger points noted in the lumbar spine. The patient is currently prescribed Voltaren gel, Centrum, Super B Complex, Topical Testosterone, Clonazepam, Percocet, Vitamin C, Abilify, IM Testosterone, Lunesta, Prisiq, Naproxen, Fentanyl, Gabapentin, Omeprazole, Horizant, Dexilant, and Docusate sodium. Patient is currently classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pg 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In regard to the continuation of Prisiq for this patient's chronic pain and associated depression, the request is appropriate. Addressing the efficacy of this patient's medications, progress note dated 09/28/15 has the following: "The patient has been continuing to note substantiate benefit of the medications, and he has nociceptive, neuropathic, and inflammatory pain is on the lowest effective dosing with about 90% improvement in pain..." While the provider does not specifically mention Prisiq, given this patient's presentation, the conservative nature of this medication, and the statements regarding the efficacy of this patient's medication regimen, continuation is substantiated. Therefore, the request is medically necessary.