

<b>Case Number:</b>	CM15-0041910		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	10/28/2001
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: California, Hawaii  
 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 60-year-old female, who sustained an industrial injury on 10/28/2001, while working as a flight attendant, resulting in right knee pain. The injured worker was diagnosed as having osteoarthritis, unspecified whether generalized or localized, lower leg, and pain in joint, pelvic region and thigh. Treatment to date has included surgical interventions and conservative treatments. Currently, the injured worker complains of worsening right knee pain, rated 8/10. She reported the necessity of a cane if she was on her feet all day. Objective findings noted x-rays of the right knee and tibia were referenced in the PR2 report (1/29/2015) as showing no increase in osteoarthritis. Diagnostic reports were not noted. The treatment plan included a prescription for Gabapentin/Pyridoxine capsules and Bio-Therm lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio-therm 4 ounces, 120 mg:** Overturned

**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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for Bio-therm 4 ounces, 120mg. The treating physician states, Pain relieving lotion. Apply 1-2 grams 2 times a day. X-rays were taken of the right knee and right tibia show no increase of osteoarthritis. (19B) MTUS guidelines only recommend topical NSAIDs for osteoarthritis and tendinitis in the knee, elbow, or other joints. In this case, the treating physician has documented that the patient has osteoarthritis in the right knee. The current request is medically necessary and the recommendation is for authorization.

**Gabapentin/Pyridoxine 250 mg/10 mg, 120 count:** 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): 49.

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for Gabapentin/ Pyridoxine 250 mg/10mg, 120 count. The treating physician state to alleviate pain and discomfort, patient was prescribed Gabapentin/ Pyridoxine 250 mg/10mg (2 times daily). The patient complains she has throbbing pain which is worsening. (22, 46B) The MTUS guidelines state effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the treating physician has not documented that the patient has complaints of paresthesia and there is no documentation supporting neuropathic pain is present. The current request is not medically necessary and the recommendation is for denial.