

<b>Case Number:</b>	CM15-0061882		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 51 year old male, who sustained an industrial injury on January 22, 2014. He reported low back pain and right knee pain. The injured worker was diagnosed as having chronic low back pain with degenerative disc disease, lumbar spine spondylosis and right knee pain status post surgical intervention of the right knee. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the knee, conservative treatments, lumbar epidural injection, medications and work restrictions. Currently, the injured worker complains of low back pain with radiating pain to the right lower extremity associated with tingling and numbness and right knee pain. The injured worker reported an industrial injury in January 22, 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He underwent surgical intervention of the right knee on August 19, 2014. Evaluation on December 15, 2014, revealed, revealed continued intermittent knee and back pain. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 8%, Gabapentin 10%, Menthol 2%, Capsaicin.05% 120gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 51 year old male has complained of low back pain and right knee pain since date of injury 1/22/14. He has been treated with right knee surgery, epidural steroid injection, physical therapy and medications. The current request is for Tramadol 8%, Gabapentin 10%, Menthol 2%, Capsaicin.05% 120gm. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Tramadol 8%, Gabapentin 10%, Menthol 2%, Capsaicin.05% 120gm is not medically necessary.

**Gabapentin 300mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** This 51 year old male has complained of low back pain and right knee pain since date of injury 1/22/14. He has been treated with right knee surgery, epidural steroid injection, physical therapy and medications to include Gabapentin since at least 09/2014. The current request is for Gabapentin. Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records, which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not medically necessary.

**Norco 10/325mg #30, 1 tab every day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 51 year old male has complained of low back pain and right knee pain since date of injury 1/22/14. He has been treated with right knee surgery, epidural steroid injection, physical therapy and medications to include Norco since at least 09/2014. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the

treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.