

<b>Case Number:</b>	CM15-0074983		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	08/03/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 53-year-old male who sustained an industrial injury on 05/11/2011. Diagnoses include status post left knee surgery done 01/09/2014, with residual dysfunction and pain in the left knee, left ankle strain, lumbar strain with subjective complaints of left lumbar radiculopathy, right ankle strain, compensable consequence due to chronic pain to the above diagnoses affecting the left lower extremity, and secondary insomnia due to chronic pain. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 03/18/2015 documents the injured worker complains of left knee pain status post left knee surgery, left ankle/heel pain, low back pain, more on the left than the right and with radiation to the left buttock and posterior thigh area, right ankle pain due to guarding of the left leg, and insomnia due to pain. Lumbar range of motion is restricted and there is slight muscle spasm and tenderness more on the left than right. His right ankle reveals tenderness mostly over the lateral malleolus area. There is full range of motion. On examination, the left ankle is tender to the peripatellar region. His gait is antalgic due to left knee and left ankle pain. Treatment requested is for 1 neurosurgery consultation, 1 prescription of Ambien 10mg, 1 prescription of Gabapentin 600mg, 1 prescription of Ibuprofen 10% cream, 1 prescription of Methoderm 15%, 10%, 1 prescription of Norco 7.5/325mg #60, 1 prescription of Pantoprazole DR 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Pantoprazole DR 20mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Pantoprazole DR. The request for 1 prescription of Pantoprazole DR 20mg is not medically necessary per MTUS guidelines.

**1 prescription of Gabapentin 600mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

**Decision rationale:** MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker complains of chronic radicular low back pain. Documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Gabapentin. The request for 1 prescription of Gabapentin 600mg is not medically necessary by MTUS.

**1 prescription of Norco 7.5/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic low back, left knee, left foot, ankle, and heel pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for 1 prescription of Norco 7.5/325mg #60 is not medically necessary.

**1 prescription of Ambien 10mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

**Decision rationale:** Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. The injured worker complains of insomnia due to pain. Documentation provided shows that the injured worker has been prescribed Ambien for a period longer than recommended by guidelines with no significant functional improvement. The request for 1 prescription of Ambien 10mg is not medically necessary based on ODG.

**1 prescription of Ibuprofen 10% cream: Upheld**

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

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

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical non-steroidal anti-inflammatory drug (NSAID) indicated for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand,

knee, and wrist). The injured worker complains of left knee and ankle pain with no significant improvement in pain or function. Per guidelines, the only available FDA-approved topical NSAID is diclofenac (Voltaren). MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for 1 prescription of Ibuprofen 10% cream is not medically necessary.

**1 prescription of Mentherm 15%, 10%: Upheld**

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

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

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Mentherm is a topical analgesic containing Methyl Salicylate and Menthol. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Mentherm 15%, 10% is not medically necessary by MTUS.

**1 neurosurgery consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Disability, Referrals, pg 92.

**Decision rationale:** MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The injured worker complains of ongoing low back pain. Documentation shows evidence of a previous Neurosurgery Consultation with no recommendation for surgery. Physician reports demonstrate that additional conservative treatment was recommended. There is no evidence of focal neurologic deficits on clinical examination to support the medical necessity for further Neurosurgery evaluation. The request for 1 neurosurgery consultation is not medically necessary.