

<b>Case Number:</b>	CM15-0234405		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	12/06/2014
<b>Decision Date:</b>	01/19/2016	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 55 year old male with an industrial injury date of 12-06-2014. Medical record review indicates he is being treated for status post right knee total arthroplasty, right knee arthrofibrosis and left knee compensatory pain rule out meniscal tear. Subjective complaints (10-15-2015) included right knee pain. He reported taking Percocet four tablets a day for pain and reported improvement in his pain level from 10 to 5 out of 10 after taking medications. Work status (10-15-2015) is documented as currently not working. The treating physician noted the injured worker was advised to stop taking the Percocet entirely and Celebrex and Gabapentin would be added to Norco. Medications included Percocet and Norco. Objective findings (10-15-2015) noted range of motion was 0 "to about 90 degrees." Gait was documented as good. On 11-12-2015 the request for the following treatments were non-certified by utilization review: Urine Toxicology Screening; Neurontin (Gabapentin 300 mg, generic brand-OTC medication preferred) #120; Celebrex (Celecoxib 200 mg, generic Brand - OTC medication preferred ) #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin (Gabapentin 300mg,Generic brand/OTC medication preferred) #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Neurontin is an anti-epileptic medication that is indicated as a first-line agent for neuropathic pain, such as diabetic neuropathy. This claimant has had a total knee arthroplasty and has post-operative pain. There is no evidence of peripheral neuropathy. MTUS Guidelines do not support the use of Neurontin for post-operative pain. Therefore the request is not medically necessary or appropriate.

**Celebrex (Celecoxib 200mg, generic Brand /OTC medication preferred )#120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The request is for Celebrex, a COX-2 NSAID which is supported by MTUS Guidelines as a second-line NSAID for patients who cannot tolerate traditional non-selective NSAIDs due to GI side effects. In this case, there is no evidence that the patient has tried a non-selective NSAID, which is a first-line choice. There is also no mention of increased GI risk factors for NSAID use. Therefore, the request is not medically necessary or appropriate.

**Urine Toxicology Screening: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** The request is for a urine toxicology test is a patient who is post-operative from a total knee arthroplasty. The patient is being appropriately treated with an opiate (Norco) for post-op pain. The medical records reveal no mention or concern for drug addiction, drug misuse, and/or aberrant behavior. There is no indication that the patient will require ongoing, long-term opiates once he is out of the post-op period of recovery. No rationale is presented for the medical necessity of a urine drug test at this time. The request is not medically necessary.