

<b>Case Number:</b>	CM14-0040903		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 24-year-old male who reported an injury on 08/14/2013. The mechanism of injury was noted as the injured worker was picking up crates and twisted his right knee. He complained of right knee pain and instability. The most recent clinical note submitted dated 05/06/ 2014 stated the patient was approaching 6 months post anterior cruciate ligament graft and right knee arthroscopy and meniscectomy on 12/27/2013. Past treatment included a knee brace, NSAIDs, opiates, and modified duty. The injured worker had also undergone postoperative physical therapy. Medications include tramadol 150 mg twice daily; Prilosec 20 mg twice daily; naproxen 550 mg; along with topical creams of Ketoprofen, Gabapentin, Tramadol; and Gabapentin 300 mg for nerve pain. The clinical note dated 05/06/2014 stated the Prilosec 20 mg was to protect the patient's stomach and gabapentin was for nerve pain. The physical exam of the right knee revealed extension and flexion were 0 to 100 degrees and quadriceps strength was weak and the injured worker was able to squat about 60% to 70% of what was expected. The provider request was for Prilosec 20 mg, 90 count and Gabapentin 300 mg, 60 count. The request for authorization and rationale were not included with the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20MG, 90 count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Practice Guidelines, and on the MTUS Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk, pages 67-69.

**Decision rationale:** The request for Prilosec 20 mg, 90 count is non-certified. The injured worker has a history of right knee pain and instability due to lateral meniscus tears with anterior cruciate ligament tear. His diagnoses also included anxiety and insomnia and he had undergone a right knee arthroscopy with anterior cruciate ligament graft. California Medical Treatment Guidelines for chronic pain state that proton-pump inhibitors are recommended for patients at intermediate risk or at high risk for gastrointestinal events along with an NSAID. There was a lack of evidence given that the injured worker had subjective or objective findings of gastrointestinal side effects due to NSAIDs. There was no rationale given for the injured worker to continue on Omeprazole which was initiated routinely. Therefore, the request for Prilosec 20 mg, 90 count is not medically necessary.

**Gabapentin 300MG, 60Count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Practice Guidelines, and on the MTUS Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin) and Specific Anti-Epilepsy Drugs Sections, pages 18-20 and 49.

**Decision rationale:** The request for Gabapentin 300 mg, 60 count is non-certified. The injured worker had a history of right knee pain and instability and had undergone right knee arthroscopy and meniscectomy along with ACL graft. There was no evidence given that the patient had signs or symptoms or objective findings of neuropathic pain which would give the rationale for Gabapentin. There were also no objective functional improvements recorded for the injured worker due to the use of Gabapentin. Therefore, the continued use of Gabapentin would not be supported for the injured worker. As such, the request for Gabapentin 300 mg, 60 count is not medically necessary.