

<b>Case Number:</b>	CM15-0000912		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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  
 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 47 year old male who sustained an industrial injury on February 4, 2013. He has reported chronic bilateral knee pain and has been diagnosed with long term use meds nec, derangement meniscus nec, and lumbar disc displacement without myelopathy. Treatment to date has included medical imaging, left knee surgery, pain medications, Physical therapy, and Supartz. injections. Currently the injured worker had Lumbar flexion that was measured at 50 degrees, pain with right rotation. Spasm and guarding was noted to the lumbar spine, and he continued to have bilateral knee pain. The treatment plan included pain management. On December 22, 2014 Utilization review for non certified Pennsaid 2% pump 20 mg/gram/acuation (2%), Orphenadrine Norflex ER 100 mg # 90 ms, Ambien 5 mg tablet # 15, and modified Gabapentin tablets 600 mg # 60 (ms) noting the MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pennsaid 2% pump 20mg quantity 1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** This patient presents with bilateral knee pain. The date of injury is from 02/14/2013. The patient is status post left knee surgery from 12/05/2014. His work status is TTD. The treater is requesting PENNSAID 2% PUMP 20 MG, #1. The RFA dated 12/15/2014 shows a request for Pennsaid 2% pump 20mg #1. The MTUS Guidelines page 111 states that for topical analgesics, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain, when trials of antidepressants and anticonvulsants have failed." MTUS further states "that for topical NSAIDs, it has been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. It is indicated for the knee, elbow, or joints that are amenable to topical treatment and is recommended for short term use 4 to 6 weeks." The records do not show a history of Pennsaid use. It would appear that the treater is requesting Pennsaid following the patient's left knee surgery. The MRI of the left knee from 09/18/2014 showed: medial and lateral meniscus tears; bony fragment in the intercondylar notch and tricompartmental cartilage abnormalities. In this case, the patient presents with peripheral joint pain and positive MRI that is supported by MTUS for topical NSAID usage. The request IS medically necessary.

**Orphenadrine-norflex ER 100mg quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-99.

**Decision rationale:** This patient presents with bilateral knee pain. The date of injury is from 02/14/2013. The patient is status post left knee surgery from 12/05/2014. His work status is TTD. The treater is requesting ORPHENADRINE-NORFLEX ER 100 MG #90. The RFA dated 12/15/2014 shows a request for Orphenadrin-Norflex ER 100 mg #90. The patient's work status is TTD. The MTUS Guidelines on page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with low back pain. Furthermore, MTUS page 65 on orphenadrine states that this drug is similar to diphenhydramine but has greater anticholinergic effects. The records show that the patient was prescribed orphenadrine on 06/04/2014. The 12/22/2014 report notes that orphenadrine-Norflex ER 100 mg was being discontinued by the treater. In this case, the MTUS Guidelines do not support the long-term use of muscle relaxants. Furthermore, the treater has noted discontinuation of this medication. The request IS NOT medically necessary.

**Gabapentin 600mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Medications for chronic pain Page(s): 16-20, 60.

**Decision rationale:** This patient presents with bilateral knee pain. The date of injury is from 02/14/2013. The patient is status post left knee surgery from 12/05/2014. His work status is TTD. The treater is requesting GABAPENTIN 600 MG #90. The RFA dated 12/15/2014 shows a request for Gabapentin 600mg #60. The patient's work status is TTD. The MTUS Guidelines page 18 and 19 on gabapentin states that it has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and function gains must also be documented. The records show that the patient was prescribed gabapentin on 06/04/2014. None of the reports document medication efficacy as it relates to the use of gabapentin. The request IS NOT medically necessary.

**Ambien 5mg quantity 15:** 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), Integrated treatment/disability duration, Stress & mental illness chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation mental/stress chapter on zolpidem

**Decision rationale:** This patient presents with bilateral knee pain. The date of injury is from 02/14/2013. The patient is status post left knee surgery from 12/05/2014. His work status is TTD. The treater is requesting AMBIEN 5MG #15. The RFA dated 12/15/2014 shows a request for Ambien 5mg #15. The patient's work status is TTD. The MTUS and ACOEM Guidelines are silent with regards to this request; however, ODG Guidelines under the mental/stress chapter on zolpidem states, "Zolpidem Ambien-generic available-Ambien CR is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The records show that the patient was prescribed Ambien on 06/04/2014. In this case, the long-term use of Ambien is not supported by the MTUS Guidelines. The request IS NOT medically necessary.