

<b>Case Number:</b>	CM15-0123327		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50-year-old female, who sustained an industrial injury on 09/23/2009. The injured worker reported that while she was walking down stairs she lost her balance and fell landing on her right knee sustaining injuries to the right knee, low back, left knee, and left foot. The injured worker was diagnosed as having status post right total knee replacement and left knee degenerative joint disease of the patellofemoral joint. Treatment and diagnostic studies to date has included x-rays of the left knee, above noted procedure, use of a cane, use of a transcutaneous electrical nerve stimulation unit, and medication regimen. In a progress note dated 05/21/2015 the treating physician reports complaints of constant, severe pain to the left knee and left heel. Examination reveals severe limp that is favoring the left leg, positive tenderness to the left knee joint line, positive straight leg raises bilaterally, and a positive compression test to the left knee. The documentation provided did not indicate the injured worker's current medication regimen along with lack of documentation indicating the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. In addition, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested Neurontin 300mg with a quantity of 90, Omeprazole 20mg with a quantity of 60, and Vicodin 7.5/300mg with a quantity of 90, but the documentation provided did not indicate the specific reason for these requested medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The claimant sustained a work injury in September 2009 and continues to be treated for left lower extremity pain. When seen, she was having severe left knee pain and heel pain due to plantar fasciitis. There was joint tenderness with positive patellar compression testing. There was an antalgic gait. Straight leg raising was positive. Neurontin was prescribed at a dose of 900 mg per day. Vicodin and omeprazole were prescribed. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work injury in September 2009 and continues to be treated for left lower extremity pain. When seen, she was having severe left knee pain and heel pain due to plantar fasciitis. There was joint tenderness with positive patellar compression testing. There was an antalgic gait. Straight leg raising was positive. Neurontin was prescribed at a dose of 900 mg per day. Vicodin and omeprazole were prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not being prescribed an oral NSAID. The continued prescribing of omeprazole was not medically necessary.

**Vicodin 7.5/300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in September 2009 and continues to be treated for left lower extremity pain. When seen, she was having severe left knee pain and heel pain due to plantar fasciitis. There was joint tenderness with positive patellar compression testing. There was an antalgic gait. Straight leg raising was positive. Neurontin was prescribed at a dose of 900 mg per day. Vicodin and omeprazole were prescribed. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.