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| <b>Case Number:</b>   | CM15-0126338 |                              |            |
| <b>Date Assigned:</b> | 07/17/2015   | <b>Date of Injury:</b>       | 06/07/2011 |
| <b>Decision Date:</b> | 08/19/2015   | <b>UR Denial Date:</b>       | 05/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2015 |

### 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

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 (IW) is a 52 year old female who sustained an industrial injury on 06/07/2011. She reported striking the edge of a table with her left knee. The injured worker was diagnosed as having left knee contusion. Treatment to date has included physical therapy with no significant benefit, patellar tendon repair with corkscrew anchor (01/09/1012), home exercise, and medications. Other notes indicate that the patient has 30% reduction in pain as a result of buprenorphine and is able to walk better and exercise with less pain. Urine drug testing is requested. Notes indicate the gabapentin is used for neuropathic pain. A state database query was consistent and previous urine drug screens were negative. Currently, the injured worker complains of chronic left knee pain located primarily over the anterior aspect of the knee and the patellar tendon that is exacerbated with prolonged walking or activity. The pain is constant and made worse in colder weather. The left knee exam is positive for tenderness on the patellar tendon. There is atrophy of the left vastus medialis oblique. Buprenorphine used once daily at bedtime gives her 100% pain relief lasting approximately one day. She denies side effects other than drowsiness. Gabapentin is used up to 4 times daily, and Protonix for GI protection has improved her incidence of stomach upset. Her Current medications include Buprenorphine sublingual, Naproxen, Gabapentin, and Pantoprazole and Celexia. Her current diagnosis includes pain in joint of lower leg; and unspecified Major depression, recurrent episode. A request for authorization is made for the following: 1. Buprenorphine 0.1mg #302. Gabapentin 600mg #1203. Naproxen sodium 550mg #604. Pantoprazole 20mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Buprenorphine 0.1mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Buprenorphine 0.1mg #30, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Buprenorphine 0.1mg #30 is medically necessary.

### **Gabapentin 600mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

**Decision rationale:** Regarding request for Gabapentin 600mg #120, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is identification of analgesic efficacy and objective functional improvement from the patient's medication regimen. It is acknowledged, that there should be better documentation specifically regarding the benefits of gabapentin. However, a one-month prescription should allow the requesting physician time to better document that issue. As such, the currently requested Gabapentin 600mg #120 is medically necessary.

### **Naproxen sodium 550mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is identification of analgesic efficacy and objective functional improvement from the patient's medication regimen. It is acknowledged, that there should be better documentation specifically regarding the benefits of naproxen. However, a one-month prescription should allow the requesting physician time to better document that issue. As such, the currently requested Naproxen is medically necessary.

**Pantoprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.