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| <b>Case Number:</b>   | CM15-0047952 |                              |            |
| <b>Date Assigned:</b> | 04/14/2015   | <b>Date of Injury:</b>       | 01/22/2003 |
| <b>Decision Date:</b> | 05/28/2015   | <b>UR Denial Date:</b>       | 03/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/13/2015 |

### 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 69 year old male, who sustained an industrial injury on 1/22/03. The mechanism of injury was not provided. He reported knee pain. The injured worker was diagnosed as having ongoing chronic pain status post right knee replacement and ongoing depression related to chronic knee pain. Treatment to date has included physical therapy, aquatic therapy, and a right knee pain block that decreased pain for 2 weeks. The injured worker underwent left knee replacement on 8/9/13 and right knee replacement on 8/4/03. Currently, per the note of 2/17/15, the injured worker complains of right knee pain. The treating physician requested authorization for Famotidine 20mg #90 with 3 refills, Gabapentin 300mg #720 with 3 refills, Zolpidem 10mg #90 with 3 refills, Duloxetine 60mg #90 with 3 refills, and Celebrex 200mg #90 with 3 refills. Celebrex was noted to provide 40% pain reduction in morning stiffness and pain. Duloxetine provided 40% reduction in neuropathic pain and improved depression. Famotidine was beneficial with control of gastroesophageal reflux disease with 75% reduction of symptoms. Gabapentin provided 40% reduction in neuropathic pain. Zolpidem provided 80% benefit with insomnia related to knee pain. The treating physician noted the injured worker was doing well with the current medication regime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Famotidine 20mg #90 with 3 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend H2 receptor antagonists for injured workers at intermediate risk or higher for gastrointestinal events. They are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker's medication, famotidine, was beneficial for control of gastroesophageal reflux for 75%. There was a lack of documented rationale for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for famotidine 20mg #90 is not medically necessary.

**Gabapentin 300mg #720 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the gabapentin relieved pain by 40%. However, the objective functional benefit was not provided. There was a lack of documented rationale for 3 refills. There was a lack of documentation indicating a necessity for 720 tablets. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 300mg #720 with 3 refills is not medically necessary.

**Zolpidem 10mg #90 with 3 refills:** 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); Pain (updated 2/23/15), Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem.

**Decision rationale:** The Official Disability Guidelines indicate that zolpidem is recommended for the short term use for insomnia. The documentation indicated the medication was 80% beneficial. However, there was a lack of documentation of exceptional factors to warrant

nonadherence to guideline recommendations for short term use. The rationale for 3 refills was not provided. There was a lack of documentation indicating a necessity for 90 tablets. The request as submitted failed to indicate the frequency. Given the above, the request for zolpidem 10mg #90 with 3 refills is not medically necessary.

**Duloxetine 60mg #90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressants for chronic pain, specific antidepressants Page(s): 15 and 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker found the medication to be beneficial by approximately 40% reduction in neuropathic pain and improved depression. However, there was a lack of documentation indicating the injured worker had objective functional improvement and there was a lack of documentation of an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessment. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for 3 refills without re-evaluation. The quantity of 90 would be excessive. Given the above, the request for duloxetine 60mg #90 with 3 refills is not medically necessary.

**Celebrex 200mg #90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs), specific recommendations Page(s): 67, 68 and 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had 40% reduction or morning stiffness and pain with the use of the medication. However, the request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation to support the necessity for 90 tablets. There was a lack of documented rationale for 3 refills without re-evaluation. Given the above, the request for Celebrex 200mg #90 with 3 refills is not medically necessary.

