

Case Number:	CM13-0043303		
Date Assigned:	12/27/2013	Date of Injury:	12/17/2006
Decision Date:	05/07/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopaedic Surgery, and is licensed to practice in California. 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 claimant is a 59-year-old female who was injured in a work related accident on December 17, 2006. Recent clinical records for review include a diagnosis of bilateral knee pain for which a recent clinical assessment by [REDACTED] of September 25, 2013 indicated continued complaints of pain with weakness to the quadriceps, currently being treated with medications to include Naprosyn, Omeprazole, Neurontin, Lidocaine patches and Flexeril. His working assessment was that of bilateral knee pain status post right knee surgery with examination showing tenderness to the knee with swelling diffusely, no documented instability and positive "spasm". The records indicated the claimant is status post a partial knee replacement procedure in 2009 as well as a prior left knee arthroscopy in 2007. Other forms of recent treatment have included physical therapy and acupuncture as well as a TENS unit device. The requests in this case are for continued use of medications to include Naprosyn, Omeprazole, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

Decision rationale: CA MTUS Chronic Pain Guidelines would not support the continued use of Naprosyn. The claimant is with chronic complaints of pain. Naprosyn is only indicated for the shortest period of time with lowest possible dose. The chronic use of this medication for the sole purpose of anti-inflammatory purposes in the chronic setting is not supported. Rather, it would be indicated for an acute symptomatic flare which is not evident in this case. Therefore, the specific request would not be indicated.

OMEPRAZOLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

Decision rationale: CA MTUS Chronic Pain Guidelines would not support the continued use of Omeprazole. The need for continued non-steroidal usage is not indicated thus negating the need for this protective proton pump inhibitor. Furthermore, the claimant, a 59-year-old individual, does not appear to be at risk for a GI episode and would thus not meet the criteria for use of a proton pump inhibitor per the records provided for review.

GABAPENTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN.

Decision rationale: CA MTUS Chronic Pain Guidelines would not support the continued use of Gabapentin. Gabapentin is indicated in the treatment of diabetic painful neuropathy and postherpetic neuralgia and has also been considered a first-line treatment for neuropathic pain. The claimant's clinical records indicate bilateral knee complaints, but there is no current diagnosis of neuropathic pathology. The specific request at this time would not be supported.