

Case Number:	CM13-0047964		
Date Assigned:	12/27/2013	Date of Injury:	07/23/2012
Decision Date:	02/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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 physician 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 injured worker is a 35 year old woman who was injured on 7/23/12 after tripping at work and injuring her knees and right ankle. At issue is this review are the medications gabapentin, omeprazole, diclofenac and naproxen. She has had diagnostic studies including an MRI of her left knee showing no ligamentous or meniscal tears, chondromalacia of the patellofemoral joint compartment and congenital variant with a discoid lateral meniscus. She was evaluated on 10/21/13 and was noted to be in pain 'all the time'. She continued to work full time at the [REDACTED] with restrictions. On physical exam, she was well-developed, well-nourished and in no distress. She was ambulatory without assistance. She could sit comfortably on the exam table without difficulty. Her diagnoses included pain in joint- lower leg and pain in joint - ankle, foot. She had a podiatry consult and a Richie brace was recommended. The note indicates that she required diclofenac cream for topical relief, gabapentin for her nerve pain and naproxen for inflammation and Prilosec for GI prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: This worker has chronic knee and ankle pain with no limitations noted on physical examination. Her medical course has included an MRI and use of several medications including naproxen and gabapentin. Per the chronic pain guidelines, Gabapentin is recommended on a trial basis as a first-line therapy for painful polyneuropathy (with diabetic polyneuropathy being the most common example). After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. Additionally, the records do not document neuropathy. The medical records fail to document any improvement in pain, functional status or side effects to justify continued use. The medical records do not support the medical necessity of gabapentin.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This worker has chronic knee and ankle pain with no limitations noted on physical examination. Her medical course has included an MRI and use of several medications including naproxen and gabapentin. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she is at high risk of gastrointestinal events to justify medical necessity of Omeprazole.

Diclofenac Sodium 1.5% 60grm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This worker has chronic knee and ankle pain with no limitations noted on physical examination. Her medical course has included an MRI and use of several medications including naproxen and gabapentin. Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity of ongoing use of diclofenac topically.

Naproxen Sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73..

Decision rationale: This injured worker has chronic knee and ankle pain with no limitations noted on physical examination. Her medical course has included an MRI and use of several medications including naproxen and gabapentin. Per the chronic pain guidelines, Per the chronic pain guidelines, NSAIDs are recommended as an option for short-term symptomatic relief . with no evidence of long-term effectiveness for pain or function for osteoarthritis of the hip and knee. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status to justify long-term use. Additionally, the records do not document inflammation on physical exam. The medical records fail to document any improvement in pain, functional status or side effects to justify continued use. The medical records do not support the medical necessity of Naproxen.