

Case Number:	CM13-0054869		
Date Assigned:	12/30/2013	Date of Injury:	04/13/2011
Decision Date:	05/02/2014	UR Denial Date:	10/31/2011
Priority:	Standard	Application Received:	11/20/2013

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 Family Practice, 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 patient is a 55 year old male with a date of injury on 4/13/11. He is followed by orthopedic surgeon [REDACTED]. He underwent right knee arthroscopy in July 2013. He presented for a follow up with [REDACTED] on 9/26/13 at which time he was 6 weeks post right knee arthroscopy with pain rated 7/10. He also complains of 7/10 left shoulder and 8/10 right shoulder pain. He has insomnia and acid reflux. He is not working, and continues to be depressed. His medications consist of Xanax, Norco, Prilosec, and topical creams of Ketoprofen, Gabapentin, and Tramadol. Examination revealed right knee synovitis and effusion and decreased flexion. The patient was diagnosed with right knee medial meniscus tear plus chondromalacia of the patella, left knee overuse syndrome plus chondromalacia of the patella, bilateral shoulder posttraumatic arthrosis of the AC joint secondary to overuse, stress, depression and anxiety, insomnia, GERD, sexual dysfunction, cervical C5-6 HNP of 4mm, right wrist sprain from fall of 2/11/12, and status-post arthroscopic medial meniscectomy and chondroplasty patella of the right knee. Medications consisting of topical creams of Ketoprofen, Gabapentin, and Tramadol as well as Xanax and Prilosec 20 mg #90 were refilled. UR decision on 10/31/13 included denial of Prilosec and topical Gabapentin. Topical Gabapentin was noted to be not recommended by the guidelines. Regarding Prilosec, efficacy was not documented to warrant continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #90 is not medically necessary. While it is acknowledged that the patient has been diagnosed with GERD, the medical records do not establish the effectiveness of this medication. Furthermore, the medical records indicate that the patient has been prescribed this medication since at least February 2012, and per the CA MTUS guidelines, long-term PPI use (1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). For these reasons, Prilosec 20 mg #90 is not medically necessary.

GABAPENTIN TOPICAL CREAM 30MG #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

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

Decision rationale: Gabapentin topical cream 30 mg is not medically necessary. According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) . The CA MTUS further specifically state that Gabapentin is not recommended, and there is no peer-reviewed literature to support use. Given that CA MTUS does not recommend topical Gabapentin, this request is not medically necessary.