

Case Number:	CM13-0055215		
Date Assigned:	12/30/2013	Date of Injury:	07/23/2012
Decision Date:	03/24/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation, Pain Management has a subspecialty in Interventional Spine 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 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:

This patient is a 35 year old female with date of injury from 07/23/2012. Per treating physician's reports 10/21/2013, the patient presents with bilateral knee and right ankle pain with listed diagnoses of pain in the joint of lower leg, pain in joint in ankle and foot. The treater reviewed the MRI of the left knee from 05/16/2013 that showed chondromalacia, congenital discoid lateral meniscus. Listed medications were capsaicin, diclofenac, buprenorphine, naproxen, gabapentin, omeprazole, metformin, naratriptan, Provera, Imitrex, and Zolof. The patient has been in constant pain without the buprenorphine and without topical creams, it has been difficult finding comfortable position. She notes nothing seems to be helping her pain. Pain is at 8/10 without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream quantity 1.00: 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 Topical Creams, Chronic Pain Page(s): 111.

Decision rationale: This patient suffers from chronic knee and ankle pain with a diagnosis of chondromalacia per MRI of the knee. The treating physician has prescribed capsaicin cream at 0.075%. MTUS Guidelines do not recommend formulation that are stronger than 0.025% for treatment of osteoarthritis. A stronger dose such as a 0.075% formulation has been primarily studied for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation will provide any further efficacy." The patient should consider a lower dose formulation of 0.025% as supported by MTUS Guidelines. The current formulation at 0.075% is not recommended per MTUS Guidelines. The request is not certified.

Diclofenac Sodium 1.5% 60gram quantity 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams, Chronic Pain Page(s): 111.

Decision rationale: This patient presents with diagnosis of chronic left knee and ankle pain with MRI showing chondromalacia. The treating physician has prescribed diclofenac sodium 1.5% which is a topical NSAID. MTUS Guidelines page 111 states that NSAIDs, topical formulations are recommended for osteoarthritis and tendinitis in particular that of the knee, elbow, or other joints that are amenable to topical treatments. This patient is working full time and staying functional. Topical creams help and recommendation is for authorization given the patient's diagnosis of persistent knee chondromalacia, pain in the ankle, pain which is likely tendinitis in nature. The request is certified.

Buprenorphine 0.25mg sublingual troches, quantity 90.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: This patient presents with chronic knee, ankle pain. The patient has been prescribed buprenorphine which is noted to be helpful. The patient is working full time, staying functional and there is no reason not to support this medication to help with this patient's chronic pain. MTUS Guidelines page 26 states that buprenorphine is recommended for treatment of opiate addiction and also recommended as an option for chronic pain especially after detoxification. The request is certified.

Naproxen Sodium 550mg quantity 90.00: 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): 60-61.

Decision rationale: This patient presents with persistent ankle and knee pain with MRI of the knee demonstrating chondromalacia with tendinitis and MRI of the ankle showing bursitis and posterior impingement. The treating physician prescribed naproxen on 08/30/2013, at the request of the patient. Prior medications were inadequately controlling her symptoms. ■■■

■■■■■ On followup visitation note 09/25/2013, treating physician indicates that the patient had gastritis side effect from the use of naproxen and recommended omeprazole. However, there was no documentation that the naproxen was doing anything for this patient. While the treating physician talked about the gabapentin helping, he does not state that naproxen did anything to reduce the patient's level of pain. MTUS Guidelines page 60 states that for medications used for chronic pain, record of pain and function should be recorded. In this case, analgesic effect is not documented. Instead, patient is reporting gastric side effects for which omeprazole was started. Rather than starting omeprazole, the treater should have stopped using NSAIDs. When the treating physician first started seeing the patient, he indicated on 03/18/2013 that he would be using topical creams to help this patient's pain as the patient has significant side effects with oral NSAIDs. Given the lack of documentation of efficacy from the use of NSAIDs, the request is not certified.

Gabapentin 600mg, quantity 60.00: Overturned

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 Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with persistent left knee and ankle pain. Treating physician indicates that this patient has numbness and tingling in the feet with radiation down into the ankles and legs. The patient was on Topamax for quite some time which was switched to gabapentin when the patient stopped tolerating Topamax. This occurred on 06/21/2013. By 07/18/2013, the treating physician documents that numbness and tingling had decreased with gabapentin. He, again, indicates on 08/06/2013 that the gabapentin helps with neuropathic pain. MTUS allows for the use of gabapentin for neuropathic pain. Although the etiology of this patient's numbness and tingling is unclear, use of gabapentin for symptomatic treatment appears reasonable given the documentation that the medication has been helpful. The request is certified.