

Case Number:	CM13-0057915		
Date Assigned:	12/30/2013	Date of Injury:	11/26/2012
Decision Date:	03/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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, 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 is a 58-year-old male who was injured on 11/26/12. He was pushing an object on carpet and his left foot got stuck, and he twisted his left knee. He underwent an arthroscopy of the left knee on 2/20/13. There was some improvement with the surgery, but subsequently he developed left foot and low back pain. According to the 10/17/13 initial pain management consultation with [REDACTED], the medications included Aleve, metformin, simvastatin, Lisinopril, HCTZ, Amlodipine. The diagnoses was left medial meniscal tear, status post arthroscopy with residual pain; and left plantar fasciitis, lumbar strain. He was provided Relafen, Protonix, gabapentin, and capsaicin. On 11/19/13, the Utilization Review (UR) denied these as they were incomplete prescriptions, with listing the strength, dosage or total tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Capsaicin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009), and the University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pages 32-33.

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

Decision rationale: The patient presents with left knee and foot pain, and low back pain. The 10/17/13 medical report states that the capsaicin was for the left knee, but is an incomplete prescription that does not include the strength, or amount provided, or how often it is to be used. The Chronic Pain Guidelines indicate that capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." There was no discussion on any other treatments the patient is intolerant to. The guidelines do not recommend capsaicin in concentrations higher than 0.025% for osteoarthritis. The physician has not reported the concentration of capsaicin, so I am not able to compare the incomplete prescription to the recommended formulation. I cannot verify that the unknown prescription of capsaicin is in accordance with the guidelines.

Unknown prescription of Protonix: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with left knee and foot pain, and low back pain. The 10/17/13 report states that the Protonix was to prevent gastritis, due to a history of diabetes. The Chronic Pain Guidelines provide a list of risk factors for gastrointestinal (GI) events that would support the use of Protonix on a prophylactic basis. However, diabetes is not one of the conditions. The patient is not over 65-years-old, has no documented history of peptic ulcer or GI bleed, no concurrent use of aspirin (ASA), anticoagulants or steroids, and is not on high dose or multiple non-steroidal anti-inflammatory drugs (NSAIDs). The use of Protonix in general, for this case, is not in accordance with the guidelines.

Unknown prescription of Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The patient presents with left knee and foot pain, and low back pain. There is an incomplete prescription for gabapentin, without the dosage or total number of tablets. The physician states the gabapentin was provided for the neuropathic pain component. On review of the 10/15/13 report, there is no indication that the patient has a neuropathic component to the pain. The Chronic Pain Guidelines indicate that AEDs are recommended for neuropathic pain. The guidelines also indicate, "A recent review has indicated that there is insufficient evidence to

recommend for or against antiepileptic drugs for axial low back pain." The use of gabapentin for non-neuropathic, axial low back pain is not in accordance with the guidelines.