

Case Number:	CM13-0059652		
Date Assigned:	12/30/2013	Date of Injury:	11/08/2010
Decision Date:	08/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine, Pulmonary Diseases and is licensed to practice in California, Florida, and 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 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 injured worker is a 39-year-old female who reported an injury on 11/08/2010 due to a fall down a set of stairs. The injured worker reportedly sustained an injury to her right knee. The injured worker ultimately developed compensatory pain in the left lower extremity. The injured worker's treatment history included physical therapy, surgical intervention, and multiple medications. The most recent evaluation of the injured worker submitted for review was on 07/13/2013. It was noted that the injured worker did not have any significant complaints and was compliant with medications. Physical findings included mild to moderate paraspinal musculature spasming and tenderness with decreased range of motion. The injured worker's diagnoses included lumbar spine sprain, bilateral hip sprain, right knee injury, insomnia, anxiety and depression, diabetes mellitus, and elevated blood pressure. The injured worker's medications included tramadol, Prilosec, metformin, ramipril, and Celexa. A retrospective request for medications was submitted; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DOS: 5/7/2011: PRESCRIPTION OF NAPROXEN 550MG: 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 Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): page(s) 60 and 67.

Decision rationale: The retrospective request for 1 prescription of naproxen 550 mg is not medically necessary or appropriate. The request is for a retrospective prescription. However, the date of service was not provided. A review of the documentation indicates that the injured worker was on this medication in 08/2011. The California Medical Treatment Utilization Schedule does recommend naproxen as a first-line medication in the management of chronic pain. However, as there was no way to determine a date of service, the necessity of this medication cannot be determined. As such, the retrospective request for 1 prescription of naproxen 550 mg is not medically necessary or appropriate.

RETROSPECTIVE DOS: 5/7/2011: PRESCRIPTION OF AXID 150MG: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The retrospective request for 1 prescription of Axid 150 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal symptoms related to medication usage. However, the request as it is submitted does not clearly identify a date of service. Therefore, an appropriate retrospective review cannot be performed. As such, the retrospective request for 1 prescription of Axid 150 mg is not medically necessary or appropriate.

RETROSPECTIVE DOS: 5/7/2011: PRESCRIPTION OF KETOPROFEN AND GABAPENTIN CREAM: 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 Analgesics Page(s): 111.

Decision rationale: The retrospective request for 1 prescription of Ketoprofen and gabapentin cream is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of gabapentin in a topical analgesic, as there is little scientific evidence to support the efficacy and safety of this medication in topical formulation. Additionally, the California Medical Treatment Utilization Schedule does not recommend Ketoprofen in a cream formulation, as it is not FDA-approved to treat neuropathic pain. Additionally, the request as it is submitted is a retrospective request. However, no date of service was provided. Therefore, a retrospective review cannot determine the medical necessity

of the requested medication. As such, the retrospective request for 1 prescription of Ketoprofen and gabapentin is not medically necessary or appropriate.