

Case Number:	CM14-0003371		
Date Assigned:	04/25/2014	Date of Injury:	11/15/2001
Decision Date:	05/29/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupational Medicine 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 [REDACTED] employee who has filed a claim for chronic knee pain associated with an industrial injury of November 15, 2001. Thus far, the patient has been treated with physical therapy, knee braces, acupuncture, NSAIDs, muscle relaxants, opioids, Gabapentin, Lidoderm patch, Lunesta, and Cosamin DS. Review of progress notes reports bilateral knee pain radiating into anterior legs with feeling of pins and needles, and hip pain. A DEXA scan from July 2013 showed osteopenia of the knees and bilateral degenerative changes, more on the right. Patient uses knee braces on both knees and has a mildly antalgic gait. Findings include crepitus and swelling of both knees, and mild effusion and decreased range of motion in the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and FDA (Prilosec) Page(s): 68.

Decision rationale: The Expert Reviewer's decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Patient has been on this medication since November 2013. There is note from February 2014 that patient does not need this medication, and there is no documentation regarding any gastrointestinal symptoms in this patient. Therefore, the request for Omeprazole 20mg was not medically necessary per the guideline recommendations of MTUS and FDA.

COSAMIN DS #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Glucosamine Chondroitin Sulfate and Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 50.

Decision rationale: The Expert Reviewer's decision rationale: Cosamin DS is chondroitin and glucosamine. CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Patient has been on this since January 2013. Progress note from February 2014 indicates that patient does not need this medication. There is no indication as to why this medication is to be restarted in this patient, and no documentation regarding benefits derived from this medication. Therefore, the request for Cosamin DS was not medically necessary per the guideline recommendations of MTUS.

GABAPENTIN 300MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Anti-epilepsy drugs and Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 16-17.

Decision rationale: As stated on pages 16-17 in the CA MTUS chronic pain and medical treatment guidelines, Gabapentin is useful for treating neuropathy. Patient was restarted on Gabapentin on February 2014. In this case, patient is having persistent neuropathic pain of the lower extremities, and continuation of Gabapentin is a reasonable option to manage this symptom. Therefore, Gabapentin 300mg is medically necessary in this patient as per MTUS guidelines.

NORCO 10/325MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids for chronic pain and Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 79-81.

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on opioids since at least January 2013 and specifically Norco since July 2013. There is no documentation regarding objective functional benefits derived from this medication, aside from note of slight pain improvement and ability to maintain function. Also, recent progress notes indicate that the dose of Norco 10/325mg makes patient too sedated and thus was decreased to 5/325mg. There is no indication as to why a higher dosage is necessary. Therefore, the request for Norco 10/325mg was not medically necessary per the guideline recommendations of MTUS.