

<b>Case Number:</b>	CM14-0120235		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 57-year-old female who reported an injury on 12/13/2011. The mechanism of injury was not provided for clinical review. The diagnoses included compression-contusion injury to the knee bilaterally and fall, rule out internal derangement of the left knee and status post left knee surgery. The previous treatments included surgery and medication. Diagnostic testing included an MRI. Within the clinical note dated 06/12/2014, it was reported the injured worker complained of dull to sharp pain in the right hip. She complained of sharp pain in the bilateral knees. Upon physical examination, the provider noted the range of motion of the knees was extension at 0 degrees and flexion at 115 degrees. The provider noted the injured worker had swelling of the knees bilaterally. The request submitted was for Anaprox, Gabapentin/pyroxidone, Omeprazole, and Flurbiprofen/cyclo/menth cream, and Keratek analgesic gel. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66, 67.

**Decision rationale:** The request for Anaprox 550 mg #60 is not medically necessary. The California MTUS Guidelines note Anaprox, also known as naproxen, is a non-steroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend naproxen at the lowest for the shortest period of time in patients with moderate to severe pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 01/2014, which exceeds the guideline recommendations of short-term use. Therefore, the request is not medically necessary.

**Gabapentin/Pyroxidone #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** The request for gabapentin/pyroxidone #60 is not medically necessary. The California MTUS Guidelines show gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the dosage of the medication. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

**Decision rationale:** The request for Omeprazole 20 mg #60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; or concurrent use of ASAs, corticosteroids, and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H-2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of

the medication as evidenced by significant functional improvement. The documentation submitted did not indicate the injured worker had a history of peptic ulcer or gastrointestinal bleeding or perforation. Additionally, there was a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

**Flurbiprofen/cyclo/menth cream 20%/10%/4% 180 gram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 71,111-112.

**Decision rationale:** The request for Flurbiprofen/cyclo/menth cream 20%/10%/4% 180 gm is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication since at least 01/2014, which exceeds the guideline recommendations of short-term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

**Keratek analgesic gel, four ounces:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for Keratek analgesic gel, 4 ounces, is not medically necessary. The California MTUS Guidelines recommend note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the dosage of the medication. Additionally, the injured worker has been utilizing the medication since at least 01/2014 which exceeds the guideline recommendations for short-term use. Therefore, the request is not medically necessary.