

Case Number:	CM14-0137392		
Date Assigned:	09/05/2014	Date of Injury:	01/12/2012
Decision Date:	10/02/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 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 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 34 years old female with an injury date on 01/12/2012. Based on the 06/18/2014 progress report provided by [REDACTED], the diagnoses are: 1. Pain in joint lower leg 2. S/P Medical Meniscectomy, left knee 06/05/2012 According to this report, the patient complains of left knee pain that is more painful the past two weeks. The patient "continues to work full duty and had been tolerating it well." Numbness and tingling are noted in the left thigh down the leg to the top of the foot. The patient had a left cortisone injection in March "which give her significant pain relief for about 2 and half months." The patient rated the pain as a 9/10 currently. Physical exam reveals tenderness to palpation over the medial joint space in the left knee and over the medial aspect of the tibial plateau. There were no other significant findings noted on this report. The utilization review denied the request on 08/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/30/2014 to 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch (700mg/patch) Qty:30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56, 57, 112.

Decision rationale: According to the 06/18/2014 report by [REDACTED] this patient presents with of left knee pain that is more painful for the past two weeks. The provider is requesting Lidoderm 5% patch (700mg/patch) #30. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. It is indicated for peripheral, localized pain that is neuropathic. This patient does present with localized peripheral pain for which Lidoderm would be indicated. However, the provider does not document how Lidoderm is used with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Recommendation is for denial.

Naproxen Sodium - Anaprox 550mg Qty: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Anti-Inflammatory Medications; NSAIDs (Non-Steroidal Anti-Inflamma.

Decision rationale: According to the 06/18/2014 report by [REDACTED] this patient presents with of left knee pain that is more painful for the past two weeks. The provider is requesting Naproxen Sodium-Anaprox 550 mg # 90. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Naproxen Sodium-Anaprox was first noted in the 08/28/2013 report; it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. Recommendation is for denial.

Pantoprazole - Protonix 20mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: According to the 06/18/2014 report by [REDACTED] this patient presents with of left knee pain that is more painful for the past two weeks. The provider is requesting Pantoprazole-Protonix 20 mg # 60. Pantoprazole-Protonix was first mentioned in the 08/28/2013 report. The MTUS Guidelines recommended for patients at risk for gastrointestinal events if used

prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report show that the patient is on Naproxen Sodium-Anaprox. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Recommendation is for denial.