

Case Number:	CM14-0047131		
Date Assigned:	07/02/2014	Date of Injury:	11/24/2012
Decision Date:	08/06/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/15/2014

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 and Rehabilitation 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 47-year-old female who reported an injury 11/24/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 03/14/2014 indicated diagnoses of lumbar spine sprain/strain with radiculitis, myospasms, left knee ACL tear, medial meniscus tear, lateral meniscus tear, chondromalacia bursitis, Baker cysts, tricompartmental degenerative joint disease, status post left knee arthroscopy, left shoulder supraspinatus tendinosis per MRI dated 05/25/2013 and gastroesophageal reflux disease. The injured worker reported her pain was somewhat controlled with medication; however, she had persistent reflux and stomach burning due to the medication. The injured worker reported she stopped taking the anti-inflammatory medications. The injured worker reported her knee pain was moderate, occasionally severe. On the physical examination the injured worker had a slightly antalgic gait. The injured worker had minimal inflammation to the left knee with limited range of motion secondary to pain. The injured worker had tenderness to palpation of the peripatellar and hyperesthesia of the right big toe. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included hydrocodone/APAP, gabapentin, pantoprazole, and transdermal compounds. The provider submitted a request for pantoprazole, flurbiprofen/tramadol/Medi-derm and gabapentin/amitriptyline/dextra. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: The request for Pantoprazole DR 20 mg #60 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Flurbiprofen 20%/Tramadol 20%/Mediderm 210 grams: 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 Analgesics.

Decision rationale: The request for Flurbiprofen 20%/Tramadol 20%/Mediderm 210 grams is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is an NSAID indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also state topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support its use. The documentation submitted did not indicate the injured worker had tried and failed antidepressants and anticonvulsants. In addition, flurbiprofen is recommended for short term use of 4 to 12 weeks. The injured worker has been prescribed this medication since at least 02/2014. This exceeds the guidelines recommendation for short term use. Moreover, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, the request did not indicate a dosage, frequency, or quantity for this medication. Therefore, the request is not medically necessary.

Gabapentin 10%/Amitriptyline 10%/ Dextra 10% 210 grams: 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 Analgesics Page(s): 111-113.

Decision rationale: The request for Gabapentin 10%/Amitriptyline 10%/ Dextra 10% 210 grams is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer reviewed literature to support use. The documentation submitted did not indicate the injured worker had tried and failed antidepressants and anticonvulsants. In addition, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, gabapentin is not recommended. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Additionally, the request does not indicate a dosage, frequency, or quantity. Therefore, the request is not medically necessary.