MAXIMUS Federal Services

Case Number:	CM14-0074137		
Date Assigned:	07/16/2014	Date of Injury:	04/23/2008
Decision Date:	09/18/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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 Nevada. 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 records presented for review indicate that this 48-year-old female was reportedly injured on April 23, 2008. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of bilateral knees pain, bilateral shoulders pain, bilateral feet pain and constant low back pain. The physical examination demonstrated a hypertensive individual (141/89) who weighed approximately 106 pounds. An antalgic gait pattern was noted. There were a lumbar paraspinous muscle spasm, a positive Kemp's test, a positive McMurray's test, and global knee swelling was noted. Diagnostic imaging studies were not presented. Previous treatment included knee arthroscopic surgery with manipulation under anesthesia, multiple medications and other pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on April 23, 2014.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

Decision rationale: As noted in the MTUS, this medication is recommended as an option for inflammatory processes. There is an element of a knee inflammatory process. However, when noting that surgery has been completed on the knee and by the date of injury and the current physical examination, there is no clinical indication presented that this medication is having any efficacy whatsoever. Furthermore, additional steroid injections are being suggested for the knee. As such, this would negate the need for non-steroidal oral medications. This is not medically necessary.

Gabapentin 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: This medication has been shown to be effective for the treatment of a painful diabetic neuropathy or a post-herpetic neuralgia. It is also indicated for the treatment of a neuropathic pain lesion. It is noted that there are chronic back pain and muscle spasms noted on physical examination; however, there is no objectification of a specific neuropathic lesion. When considering the other pain generators, i.e. the knees and ankles, these are nociceptive type lesions. As such, based on the medical records presented for review, and noting that there has not been any efficacy in terms of ameliorating the symptomatologies, there is no clear clinical indication presented to support this request. As such, this is not medically necessary.

Flexeril 7.5 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: As noted in the parameters identified in the MTUS, use of this medication is indicated for short-term for the acute flareup of musculoskeletal pain. There is no clinical indication for the chronic or indefinite use of this medication. Additionally, when noting the findings on the physical examination are essentially unchanged indicating long-term muscle spasm, the efficacy of this medication is in doubt. As such, based on the physical examination evidence reported and by the parameters outlined in the MTUS, this is not medically necessary.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The guidelines clearly indicate that this is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. This also be considered a gastric protectant. The 1st point to make is that the non-steroidal anti-inflammatory has not been determined to be medically necessary. The 2nd point to make is that there is no indication of any gastritis or other gastroesophageal complaints that would warrant the need for this medication. As such, based on the clinical examination presented for review, and noting the lack of specific complaints, this is not medically necessary.