

Case Number:	CM14-0082367		
Date Assigned:	07/21/2014	Date of Injury:	07/06/2013
Decision Date:	09/16/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/03/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of July 6, 2013. A utilization review determination dated May 8, 2014 recommends certification of Capsaicin 0.0 75% cream #1, and non-certification of the following Gabapentin 600 mg #60, Hydrocodone/APAP 2.5 mg/325 #30, Pantoprazole 20 mg #60, and Naproxen Sodium 550 mg #90. A progress note dated April 16, 2014 identifies subjective complaints of low back pain and right knee pain. The patient reports unchanged right knee pain with intermittent swelling and burning sensation around the medial aspect of the right knee. The patient states she ambulates with a straight cane. The patient reports improvement in pain and function with use of medications, she denies adverse effects, and she is requesting refills. Physical examination identifies an antalgic gait, use of a cane, lumbar flexion measured at 50, left lumbar lateral bending measured at 25, right lumbar lateral bending at 15, lumbar extension is normal, and right knee flexion motor strength is 4/5. The patient has tenderness to palpation along the right knee joint line, swelling is noted in the right lower extremity with 1+ edema to the knee and swelling along the medial aspect of the knee. Diagnoses include pain in joint of lower leg and sprain/strain of the lumbar region. The treatment plan recommends prescription refill for Capsaicin 0.0 75% cream #1, refill for Gabapentin 600 mg #60, Hydrocodone/APAP 2.5/325mg #30, Pantoprazole 20 mg #60, and Naproxen 550 mg #90. There is a surgical consult authorization, and a request for 12 sessions of physical therapy is pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: Regarding request for Capsaicin 0.075% cream, guidelines state that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there is no specific indication that the patient has obtained any analgesic effect or objective functional improvement from the use of Capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of Capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Capsaicin 0.075% cream is not medically necessary.

Gabapentin tablets 600mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Gabapentin tablets 600mg #60, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested Gabapentin tablets 600mg #60 are not medically necessary.

Hydrocodone/APAP 2.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab) Page(s): 34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for Hydrocodone/Acetaminophen 2.5/325 #30, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Hydrocodone/Acetaminophen 2.5/325 #30 is not medically necessary.

Pantoprazole-Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Pantoprazole (Protonix) 20mg #60, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and Aciphex for use as 2nd line agents, after failure of Omeprazole or Lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with Pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Pantoprazole (Protonix) 20mg #60 is not medically necessary.

Naproxen Sodium-Anaprox 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen 550mg #90, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no specific indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), and there is no indication that the Naproxen is for short term use. In the absence of such documentation, the currently requested Naproxen 550mg #90 is not medically necessary.

