

<b>Case Number:</b>	CM14-0187626		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Internal 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 (IW) is a 57-year-old woman with a date of injury of October 8, 2012. The mechanism of injury occurred while performing her usual and customary job duties as a Patient Care Assistant (PCA) for [REDACTED]. She sustained injuries to her left knee and left hip. MRI of the left knee dated November 2, 2012 showed internal derangement. She underwent 8 sessions of physical therapy (PT) with little benefit. The IW had a partial left knee replacement on February 26, 2013. She received approximately 12 more sessions of PT. A second MRI of the left knee dated October 2, 2013 revealed: 1. Status-post hemiarthroplasty on the medial aspect of the knee. 2. Joint effusion. 3. Questionably small tear involving the anterior horn of the lateral meniscus. MRI of the left hip dated October 2, 2013 was unremarkable. Pursuant to the clinical note dated July 30, 2014, the IW complains of pain in the left hip with some radiation into the left groin area. She also notes left knee pain, especially with longer periods of walking. She uses a single point cane for ambulation. She continues to take Naproxen 550mg for inflammation, Neurontin for paresthesias, Flexeril 7.5mg for spasms, and Omeprazole 20mg. Documentation in the medical record indicates that the IW has been taking the aforementioned medications since September 17, 2013. Examination of the left knee revealed some swelling compared to the right. There was a well-healed 6 inch scar running directly in the mid patellar area. McMurray's test and Apley's compression test were positive of the left. Left hip examination revealed swelling and tenderness to the left greater trochanteric bursa area. The IW was diagnosed with left hip pain, left knee pain, status post partial left knee replacement, and myofascial pain syndrome. The provider is requesting prospective usage of Naproxen 550mg X 2 refills, Omeprazole 20mg X 2 refills, and Neurontin 600mg X 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg x2 refills:** 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 NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAIDs

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg two refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy in patients with mild to moderate pain and, in particular, for those of gastrointestinal, cardiovascular or renal vascular risk factors. The main concern with non-steroidal anti-inflammatory drugs are the adverse effects. In this case, the injured worker is a 56-year-old with left knee and left hip injury. The working diagnoses are left hip pain, left knee pain, status post left partial knee replacement, and myofascial pain syndrome. The record indicates the injured worker was taking Naproxen as of September 17, 2013. Naproxen has been continued for approximately one year according to the documentation. It is unclear, however, whether Naprosyn was being used prior to the September 17, 2013 progress note. The injured worker was seen on July 30, 2014 and the treating physician continued the Naprosyn. The documentation does not contain objective functional improvement associated with Naprosyn's use. Additionally, Naprosyn is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Consequently, Naproxen 550 mg two refills is not medically necessary.

**Omeprazole 20mg x 2 refills:** 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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAIDs and GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg with two refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs who are at risk for certain gastrointestinal and cardiovascular events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids and/or anticoagulants; and high dose/multiple non-steroidal anti-inflammatory drug use. In this case, the injured workers past medical history and review of systems was negative for the comorbid problems enumerated above. Specifically, these include age greater than 65, no history of peptic

ulcer, G.I. bleeding or perforation, aspirin use, steroid use, etc. The review of systems indicated the injured worker had a history of reflux, however there was no indication whether that was an active problem at the time of the examination during the course of treatment with non-steroidal anti-inflammatory drugs. Consequently, there is no clinical indication for Omeprazole 20 mg daily. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Omeprazole 20 mg two refills is not medically necessary.

**Neurontin 600mg x2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Gabapentin

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 600 mg with two refills is not medically necessary. Neurontin (gabapentin) is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker is being treated for left hip pain, left knee pain, status post left partial knee replacement and myofascial pain syndrome. Physical examination shows the injured worker has normal bilateral ankle reflexes, normal sensation surrounding the left hip to light touch, decreased sensation to the left knee to light touch. There are no neuropathic symptoms or signs on physical examination. Additionally, according to the progress note dated September 17, 2013, the injured worker has been using Neurontin since that time. The documentation the medical record does not contain evidence of objective functional improvement. This is in addition to symptoms and signs appearing non-neuropathic etiology. Consequently, Neurontin 600 mg with two refills is not medically necessary.