

<b>Case Number:</b>	CM14-0193634		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/19/2009
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 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:

This is a female patient with a date of injury of January 19, 2009. A utilization review determination dated November 6, 2014 recommends non-certification of gabapentin 300 mg TID #120 with modification to approval, Prilosec 20 mg #60, etodolac 400 mg BID #60, and an ankle foot orthosis. A progress note dated August 5, 2014 identifies subjective complaints of increasing right ankle pain, a current pain level of 3/10 at rest, and a pain level of 5-6/10 with any repetitive weight bearing activities. The patient is currently taking Celebrex and tramadol for pain control which help reduce her pain and allow her to continue to work. The patient states that the Voltaren gel helps reduce her need for tramadol. The patient reports GI upset with Celebrex and tramadol, for which she takes omeprazole. The physical examination of the right ankle identifies moderate tenderness to the medial and lateral aspects, painful range of motion, loss of plantar flexion, loss of inversion/eversion of the right subtler joint, and medial ankle instability. Her lumbar spine has mild to moderate tenderness and induration as well as mild to moderate paraspinal muscle spasms. The patient ambulates with a profound perceptible limp, and she is using an AFO hinge brace as an ambulatory aid. The diagnoses include status post fracture of the right fibula with lateral displacement of the talus with subsequent open reduction and internal fixation of the fibula only, status post extensive arthroscopic debridement and repair of lateral dislocation of the talus and joint distraction with external fixation to include realignment of the ankle mortise in the sagittal plane, severe posttraumatic arthritis of the right ankle, and chronic strain of the lumbar spine. The treatment plan recommends authorization for Celebrex 200 mg #30, Voltaren gel 1%, omeprazole 20 mg #60, tramadol 50 mg #45, and a request for authorization for three Supartz injections for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg TID #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51-52.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

**Decision rationale:** Regarding request for gabapentin 300mg TID #120, Chronic Pain Medical Treatment Guidelines state that antiepilepsy 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. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin 300mg TID #120 is not medically necessary.

**Prilosec 20mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines

**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 Prilosec 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. Within the documentation available for review, there is no indication of a risk for gastrointestinal events with NSAID use, or another indication for this medication. However, there is documentation of GI upset and pain due to Celebrex and tramadol. Additionally, the patient appears to be taking two oral and one topical antiinflammatory medications, putting the patient in a high risk category for side effects and complications. In light of the above issues, the currently requested Prilosec 20mg #60 is medically necessary.

**Etodolac 400mg BID #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Etodolac 400mg BID #60, 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 indication that Etodolac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Etodolac 400mg BID #60 is not medically necessary.

**One hinge brace Ankle Foot Orthosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, 376. Decision based on Non-MTUS Citation Official Disability Guidelines Foot/Ankle

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Orthotic Devices

**Decision rationale:** Regarding the request for custom ankle foot orthosis, Chronic Pain Medical Treatment Guidelines are silent on the issue. ODG states orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Outcomes from using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase, but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. Within the medical information made available for review, there is no documentation of symptoms and findings consistent with plantar fasciitis or foot pain in rheumatoid arthritis. Furthermore, there is indication that the patient already uses an ankle foot hinged orthotic, and it is unclear why another one would be needed. In the absence of such documentation, the current request for ankle foot orthosis is not medically necessary.