

Case Number:	CM14-0197332		
Date Assigned:	12/05/2014	Date of Injury:	11/03/2003
Decision Date:	01/26/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 59 year old female with a work injury dated 11/3/03. The diagnoses include status post bilateral hip replacement; status post right knee replacement; and bilateral foot pain secondary to bilateral hip replacement and right knee replacement. Under consideration are requests for a supervised weight loss program, consultation, Gabapentin 600mg QTY: 30, and Prilosec 40mg QTY: 30. There is a progress note dated 8/29/14 that states that the patient presents with complaints of ongoing foot and knee pain and bilateral hip pain which worsens with activities of daily living. Her pain is 4/10 on the pain scale with the use of medications. The objective findings are a height of 63.5 inches, weight 196lbs; BP 130/80 pulse 76, respiration 20, and temperature 98.6. The hips reveal some tenderness over the areas of the scars. There is tenderness over the knee along the scar. The feet are tender bilaterally with serious callus formation as a result of altered gait. The treatment plan includes requesting authorization for consultation and treatment with an orthopedic specialist; authorization for a for medically supervised weight loss program; Gabapentin 600mg 1 PO (orally) QHS (at bedtime) #30; Ibuprofen 800mg 1 PO (orally) TID (three times a day) #90; Prilosec 40mg 1 PO (orally) QAM (each morning) #30. Work status is unchanged; random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an Orthopedic Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.apma.org/Learn/FootHealth.cfm?ItemNumber=1346>

Decision rationale: Consultation with an orthopedic specialist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the consult was to evaluate and treat the patient's calluses on her feet. The MTUS states that the physician begins with an assessment of the presenting complaint and a determination as to whether there is a "red flag for a potentially serious condition" which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The documentation does not indicate that the patient has attempted conservative management of her foot calluses including proper footwear or padding in the shoes. Therefore, the request for a consultation with an orthopedic specialist is not medically necessary.

Gabapentin 600mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Gabapentin 600mg quantity 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Gabapentin is an antiepileptic medication indicated for neuropathic pain. The MTUS states 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 recent documentation does not describe neuropathic pain complaints. The documentation is not clear of functional improvement or pain relief due to Gabapentin. Therefore, the request for Gabapentin is not medically necessary.

Prilosec 40mg QTY: 30: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec 40mg quantity 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for

gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor. Therefore, the request for Prilosec 40 mg # 30 is not medically necessary.