

<b>Case Number:</b>	CM14-0201398		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of April 6, 2012. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve requests for Fenoprofen, Neurontin, Prilosec, and Menthoderm. The claims administrator referenced documents of November 12, 2014 and November 14, 2014 in its denial. Overall rationale was sparse. It did not appear that any guidelines were incorporated into the denial. The applicant's attorney subsequently appealed. On August 19, 2014, the applicant reported persistent complaints of ankle and knee pain, 3-4/10. The applicant was given a primary diagnosis of complex regional pain syndrome (CRPS). The applicant was asked to continue heat therapy and tramadol. Permanent work restrictions were renewed. Fenoprofen and Menthoderm were apparently dispensed. It did not appear that the applicant was working with permanent limitations in place, although this was not explicitly stated. In another handwritten note dated July 23, 2014, the applicant reported persistent complaints of foot, ankle, hip, and low back pain, 3-4/10. The applicant was using a cane to move about. Tramadol, Menthoderm, and ultrasound therapy were endorsed. In a handwritten note dated November 11, 2014, permanent work restrictions were again renewed. Heightened complaints of right lower extremity pain, low back pain, and right ankle pain were appreciated, 5/10. The applicant appeared to be in moderate discomfort. Neurontin, Prilosec, Menthoderm, and fenoprofen were all dispensed. The attending provider's reporting events suggested that all these medications represented a renewal request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen 400mg quantity 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 Functional Restoration Approach to Chronic Pain Management section; Antiinflammatory Medications.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such a fenoprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider seemingly renewed fenoprofen and multiple other medications on multiple handwritten progress notes, referenced above, including on November 11, 2014, without any explicit discussion of medication efficacy. The fact that permanent work restrictions remain in place, seemingly unchanged, from visit to visit, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing fenoprofen usage. Ongoing fenoprofen usage, furthermore, has failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, did not make a compelling case for continuation of fenoprofen. Therefore, the request was not medically necessary.

**Gabapentin 100mg quantity 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 Functional Restoration Approach to Chronic Pain Management section ; Gabapentin section Page(s):.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant is seemingly off of work. Permanent work restrictions remain in place, unchanged, from visit to visit, despite ongoing usage of gabapentin. The handwritten progress notes, referenced above, contain no explicit references to or discussion of medication efficacy. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Omeprazole 20mg quantity 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 NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes on file were sparse, handwritten, difficult to follow, not entirely legible, and contained no explicit references to or discussion of issues with NSAID-induced dyspepsia. Therefore, the request was not medically necessary.

**Menthoderm 120gm: 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 Functional Restoration Approach to Chronic Pain Management section; Topical Salicylates topic Pa.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Menthoderm are recommended in the treatment of chronic pain as was/is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider's handwritten progress notes, referenced above, contained no explicit references to or discussion of medication efficacy. The fact that permanent work restrictions remain in place, seemingly unchanged, from visit to visit, coupled with the fact that the applicant continues to remain reliant on opioid agents such as tramadol, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Menthoderm. Therefore, the request was not medically necessary.