

Case Number:	CM14-0201399		
Date Assigned:	12/11/2014	Date of Injury:	09/09/2002
Decision Date:	01/28/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	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:

This is a 36-year-old male with a 9/9/02 date of injury. The injury occurred when he stepped on a nail at work. According to a progress report dated 8/21/14, the patient stated that there have been no changes with regard to his foot pain. His pain has been tolerable and his pain level was increased to a moderate level with walking. Objective findings: left foot slightly swollen, left foot tender, pain on palpation of bottom of left foot, increased sensitivity to touch over the plantar aspect of the left foot, sharp/shooting pain on palpation of left foot, dyesthesias diffusely throughout the leg and the forefoot. Diagnostic impression: reflex sympathetic dystrophy of lower limb, contusion of ankle and foot, excluding toes. Treatment to date: medication management, activity modification, acupuncture, and surgeries. A UR decision dated 10/30/14 denied the requests for Lodine, Neurontin, and Prilosec. Regarding Lodine and Neurontin, there is no evidence of objective functional improvement with medication use. Furthermore, records are older than 60 days. Regarding Prilosec, in order to consider this medication for certification upon subsequent review, evidence of continued NSAID use or specific documentation of gastrointestinal complaints will be required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lodine 300mg: 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 9792.24.2 NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the present case, there is no documentation of pain relief or improved activities of daily living from medication use. Guidelines do not support the continued use of NSAIDs without evidence of functional improvement. Therefore, the request for Lodine 300mg was not medically necessary.

Prilosec DR 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. However, in the present case the medical necessity of the NSAID, Lodine, has not been established. As a result, this associated request for prophylaxis from NSAID-induced gastritis cannot be established. In addition, there is no documentation that this patient has gastrointestinal complaints. Therefore, the request for Prilosec DR 20mg was not medically necessary.

Neurontin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Anti-epileptic drugs; Gabapentin Page(s): 16-18; 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In the present case, it is noted that this patient had sharp and shooting pain on palpation of the left foot and dyesthesias diffusely throughout the leg and the forefoot. In addition, he had a diagnosis of reflex sympathetic dystrophy of the lower limb. Guidelines support the use of Neurontin as a first-line agent for neuropathic pain. However, the quantity of medication requested was not noted in this case. Therefore, the request for Neurontin 300mg, as submitted, was not medically necessary.