

<b>Case Number:</b>	CM15-0003914		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 27-year-old female who reported an injury on 12/13/2013. The injured worker reportedly sustained a left lower extremity sprain while exiting her vehicle. The injured workers current diagnoses include sprain of the ankle and reflex sympathetic dystrophy of the lower limb. On 10/08/2014, the injured worker presented for a followup evaluation. The injured worker reported persistent pain in the left ankle and foot with associated symptoms of tingling and numbness. It is noted that the injured worker has been previously treated with 20 sessions of physical therapy as well as medication. Upon examination of the left ankle/foot, there was erythema and edema, tenderness to palpation over the bottom and lateral surface of the foot, normal bulk and tone, no negative atrophy, 3/5 to 4/5 motor weakness with left plantar dorsiflexion, and diminished sensation in the L4-S1 dermatomes. Recommendations at that time included continuation of the current medication regimen as well as an orthopedic consultation. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retro) DOS 11/04/14 Tramadol ER 150mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has continuously utilized tramadol ER 150 mg since at least 08/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. The physician progress note dated 11/04/2014 was not provided for this review. Given the above, the request is not medically appropriate at this time.

**(Retro) DOS Neurontin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** California MTUS Guidelines state gabapentin has shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and is also considered as a first line treatment for neuropathic pain. While it is noted that the injured worker maintains a diagnosis of reflex sympathetic dystrophy, it is also noted that the injured worker has continuously utilized Neurontin 600 mg since at least 08/2014. There is no documentation of objective functional improvement. The injured worker continues to present with symptoms of pain, numbness and tingling. There is also no frequency listed interpret he request. Given the above, the request is not medically appropriate.

**(Retro) DOS 11/04/14 Flexeril 7.5mg# 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Guidelines do not recommend long term use of muscle relaxants. The physician progress note dated 11/04/2014 was not provided for review. Therefore, there is no evidence of palpable muscle spasm or spasticity. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**(Retro) DOS 11/04/14 Naproxen 550mg # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory.

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

**Decision rationale:** California MTUS Guidelines recommend NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The physician progress note dated 11/04/2014 was not provided for this review. Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**(Retro) DOS 11/04/14 Prilosec 20mg # 60: 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 Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. The physician progress note dated 11/04/2014 was not provided for review. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.