

Case Number:	CM15-0104002		
Date Assigned:	06/08/2015	Date of Injury:	05/24/2011
Decision Date:	07/13/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/29/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 58 year old female sustained an industrial injury to the knee on 5/24/11. Previous treatment included magnetic resonance imaging, right knee arthroscopy, physical therapy and medications. Magnetic resonance imaging right knee (3/29/15) showed moderate to severe chondromalacia patella with spurring and a degenerative tear of the medial meniscus. In a PR-2 dated 4/23/15, the injured worker complained of pain 8/10 on the visual analog scale to the right knee. The injured worker reported a history of gastrointestinal upset with non-steroidal anti-inflammatory agents when not taking a proton pump inhibitor. The injured worker reported no gastrointestinal upset with Protonix at current dosing. Physical exam was remarkable for tenderness to palpation to the right knee medial and lateral joint lines with positive patellofemoral compression test and decreased range of motion as well as tenderness to palpation to the lumbar spine with decreased range of motion and positive right straight leg raise. Current diagnoses included status post remote right knee arthroscopy, right patellofemoral chondromalacia, right knee medial meniscus tear, right knee osteoarthopathy, right S1 radiculopathy and lumbar spondylolisthesis. The treatment plan included dispensing medications (Tramadol, Naproxen Sodium, Protonix and Cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 3/10/15): Naproxen 550mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and reports persistent pain despite treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type. As such the medical records provided for review do support the use of naproxen for the insured as there is indication of persistent pain despite acetaminophen. The request is medically necessary.

Retro (DOS 3/10/15): Pantoprazole 20mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such the medical records do support a medical necessity for pantoprazole in the insured congruent with ODG. The request is medically necessary.

Gabapentin 6% 300gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: MTUS notes topical NSAIDS and other agents are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). There is no indication of a neuropathic pain condition that has failed first line agents of TCA or anti-seizure meds. As such the medical records provided for review do not support use of gabapentin cream congruent with MTUS guidelines. The request is not medically necessary.