

Case Number:	CM15-0022022		
Date Assigned:	02/09/2015	Date of Injury:	07/15/2008
Decision Date:	03/31/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 41 year old male, who sustained an industrial injury on 7/15/08. The PR2 on 12/17/14 noted that the injured worker was seen for his knee and plantar fasciitis. He has Crepitus in his left knee and kneecap. His left knee has swelling, at the plantar fascia on his left foot still is chronically uncomfortable, especially at the base of the foot. He has pain in the low back as it pertains to forward flexion and extension and was noted to have muscle guarding and areas of spasm, he has a radicular component. The diagnoses have included chronic plantar fasciitis of the left foot status post surgical intervention with minimal improvement; status post left meniscus tear of the knee operated, with residual pain and discomfort and found to have a new tear now or one that was persistent that did not get completely fixed, so that exists at this point, additionally, he is status post surgery again into the left knee in July 2013 for repair of the torn meniscus; chronic left heel pain, probably an increase in discomfort due to chronicity of the injuries; chronic hemorrhoids as a result of medication intake; low back pain with spasticity and strain associated from the left lower extremity, chronic problems and severe depression.

According to the utilization review performed on 1/2/15, the requested Naproxen 550mg #60 has been modified to Naproxen 550mg 1-2 daily, PRN, #30. The requested Omeprazole 20mg #60 has been modified to Omeprazole 20mg #30. The requested Amitriptyline 25mg #30 has been non-certified. CA MTUS Knee Complaints; Ankle and Foot Complaints and Chronic Pain Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are chronic plantar fasciitis; status post surgical intervention with minimal improvement; status post left meniscus tear with residual pain and discomfort with a new tear status post arthroscopy July 2013 for repair of torn meniscus; chronic left heel pain; low back pain with spasticity and strain; and severe depression. Naproxen is recommended at the lowest dose for the shortest period. The documentation indicates Naproxen was prescribed as far back as September 10, 2014. The documentation does not contain evidence of objective functional improvement. Additionally, the injured worker complains of dyspeptic symptoms associated with anti-inflammatory use. Consequently, absent clinical documentation with objective functional improvement in conjunction with the recommended guidelines of using Naproxen for the shortest period at the lowest dose, Naproxen 550 mg #60 is not medically necessary.

Amitriptyline 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Pain section, Antidepressants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Amitriptyline 25 mg #30 is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and, as a possibility or non-neuropathic pain. Tricyclics are generally considered a first-line agent unless ineffective, poorly tolerated or contraindicated. Tricyclics are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are chronic plantar fasciitis left for status post surgical intervention with minimal improvement; status post left meniscus tear with residual pain and discomfort with a new tear status post arthroscopy July 2013 for repair of torn meniscus; chronic left heel pain; low back pain with spasticity and strain; and severe depression. Amitriptyline was prescribed for chronic pain and to help with sleep. Antidepressants are recommended as a first line option for

neuropathic pain and as a possibility for non-neuropathic pain. The documentation indicates amitriptyline was prescribed by the treating physician as far back as September 10, 2014. The documentation does not contain evidence of objective functional improvement. Consequently, absent clinical documentation with evidence of objective functional improvement to gauge the efficacy of amitriptyline, amitriptyline 25 mg #30 is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. For treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug use the options are to stop the anti-inflammatory drug, switch to a different anti-inflammatory drug or consider an H2 receptor antagonist or a PPI. In this case, the injured worker's working diagnoses are chronic plantar fasciitis left for status post surgical intervention with minimal improvement; status post left meniscus tear with residual pain and discomfort with a new tear status post arthroscopy July 2013 for repair of torn meniscus; chronic left heel pain; low back pain with spasticity and strain; and severe depression. The injured worker complains of dyspeptic symptoms associated with nonsteroidal anti-inflammatory drug use. The most recent progress dated December 2014 states the injured worker is still complaining dyspeptic symptoms despite using omeprazole. The guidelines recommend stopping the anti-inflammatory drug, switching to a different anti-inflammatory drug or considering an H2 receptor antagonist before using a proton pump inhibitor. These measures were not undertaken. Additionally, naproxen (supra) was determined to be not medically necessary. Consequently, absent clinical documentation with evidence of changing nonsteroidal anti-inflammatory drugs to stopping the nonsteroidal anti-inflammatory drugs and attempting an H2 receptor blocker, Omeprazole 20 mg #60 is not medically necessary.