

Case Number:	CM15-0027584		
Date Assigned:	02/20/2015	Date of Injury:	09/15/2009
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/13/2015

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

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 76-year-old male, who sustained an industrial injury on 9/15/09. He has reported back and knee injury. The diagnoses have included Low back pain and chronic pain syndrome. Treatment to date has included oral medications, topical medications, back brace and activity restrictions. Currently, the injured worker complains of persistent right knee and right heel pain. Progress note dated 1/21/15 noted lumbar spine tenderness across lumbar paraspinal muscles bilaterally and tenderness along right knee. On 12/31/14 Utilization Review non-certified Prilosec 20mg #60, noting the submitted clinical documentation did not include any gastrointestinal complaints or events and Naproxen 550mg #60, noting it is recommended for short term pain relief and submitted a modified certification for Tramadol ER 300mg #30, Gabapentin 600mg #30, noting the modification is for weaning purposes. The MTUS, ACOEM Guidelines, was cited. On 1/21/15, the injured worker submitted an application for IMR for review of Prilosec 20mg #60, Tramadol ER 300mg #30, Gabapentin 600mg #30 and Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs, Proton Pump Inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with low back pain, left knee pain, right knee and right heel pain. The request is for Prilosec 20 mg # 60. Physical examination on 01/21/15 to the lumbar spine revealed tenderness to palpation over the paraspinal muscles bilaterally. Physical examination to the right knee revealed tenderness to palpation across the knee. Per 12/15/14 progress report, patient's diagnosis include right knee pain due to most likely osteoarthritis of the medial ulnar compartment that is definitely responding to the DonJoy medial offloading brace as well as anti-inflammatory medications and pain medications, and chronic pain syndrome. Per 01/21/15 progress report, patient's medications include Prilosec, Tramadol, Naproxen, Nalfon, Protonix, Lidopro Cream and Flexeril. Patient is not working. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Treater does not provide a reason for the request. Patient has been prescribed Prilosec from 09/11/14 and 01/21/15. However, in review of the medical records provided, the treater does not specifically discuss any GI symptoms. Patient has been prescribed an NSAID (Naproxen) from 09/11/14 and 01/21/15. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or other subjective complaints which would support continued use of this medication. Therefore, this request is not medically necessary.

Tramadol ER 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain, left knee pain, right knee and right heel pain. The request is for tramadol er 300 mg # 30. Physical examination on 01/21/15 to the lumbar spine revealed tenderness to palpation over the paraspinal muscles bilaterally. Physical examination to the right knee revealed tenderness to palpation across the knee. Per 12/15/14 progress report, patient's diagnosis include right knee pain due to most likely osteoarthritis of the medial ulnar compartment that is definitely responding to the DonJoy medial offloading brace as well as anti-inflammatory medications and pain medications, and chronic pain syndrome. Per 01/21/15 progress report, patient's medications include Prilosec, Tramadol, Naproxen, Nalfon, Protonix, Lidopro Cream and Flexeril. Patient is not working. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting

synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Patient has been prescribed Tramadol from 09/11/14 and 01/21/15. The request is for Tramadol # 30. UR letter dated 12/30/14 has modified the request to # 15, stating that there was a lack of documentation notating his pain or activities of daily living with and without the use of medication, any adverse side effects, or a urine drug screening notating medication compliance. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's. No UDS reports, etc. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Gabapentin 600mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: The patient presents with low back pain, left knee pain, right knee and right heel pain. The request is for gabapentin 600 mg # 30. Physical examination on 01/21/15 to the lumbar spine revealed tenderness to palpation over the paraspinal muscles bilaterally. Physical examination to the right knee revealed tenderness to palpation across the knee. Per 12/15/14 progress report, patient's diagnosis include right knee pain due to most likely osteoarthritis of the medial ulnar compartment that is definitely responding to the DonJoy medial offloading brace as well as anti-inflammatory medications and pain medications, and chronic pain syndrome. Per 01/21/15 progress report, patient's medications include Prilosec, Tramadol, Naproxen, Nalfon, Protonix, Lidopro Cream and Flexeril. Patient is not working. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Treater has not discussed reason for the request. Patient has been prescribed Gabapentin from 09/11/14 and 01/21/15. The request is for Gabapentin # 30. UR letter dated 12/30/14 has modified the request to # 15, stating that the patient's diagnosis did not indicate the indicated diagnosis for this medication. MTUS recommends Gabapentin for treatment of diabetic painful neuropathy and postherpetic neuralgia. In this case, patient has been diagnosed with right knee pain due to most likely osteoarthritis of the medial ulnar compartment that is definitely responding to the DonJoy medial offloading brace as well as anti-inflammatory medications and pain medications, and chronic pain syndrome. Furthermore, treater does not provide adequate documentation of pain reduction or functional improvement from the use of this medication. MTUS page 60 require recording of

pain and function when medication is used for chronic pain. The requested does not meet the guideline requirements and therefore, is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 60, 22.

Decision rationale: The patient presents with low back pain, left knee pain, right knee and right heel pain. The request is for Prilosec 20 mg # 60. Physical examination on 01/21/15 to the lumbar spine revealed tenderness to palpation over the paraspinal muscles bilaterally. Physical examination to the right knee revealed tenderness to palpation across the knee. Per 12/15/14 progress report, patient's diagnosis include right knee pain due to most likely osteoarthritis of the medial ulnar compartment that is definitely responding to the DonJoy medial offloading brace as well as anti-inflammatory medications and pain medications, and chronic pain syndrome. Per 01/21/15 progress report, patient's medications include Prilosec, Tramadol, Naproxen, Nalfon, Protonix, Lidopro Cream and Flexeril. Patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not provide a reason for the request. Patient suffers from low back pain and Naproxen has been included in his medications from 09/11/14 and 01/21/15. Given patient's continued pain, the request for Naproxen appears reasonable. However, treater has not provided adequate documentation of pain reduction or functional improvement from the use of this medication. MTUS page 60 require recording of pain and function when medication is used for chronic pain. Therefore, the request is not medically necessary.