

Case Number:	CM15-0028247		
Date Assigned:	02/20/2015	Date of Injury:	09/27/2013
Decision Date:	04/15/2015	UR Denial Date:	01/08/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male, who sustained a work related injury on 9/27/13. The diagnoses have included a right tibial plateau fracture and lumbago. Treatments to date have included oral pain medications and he was to start physical therapy on 12/2/14. In the visit note dated 11/18/14, the injured worker complains of right knee pain. He rates the pain a 7/10. He complains of right knee swelling. He is very tender to palpation of the right knee joint. On 1/8/15, Utilization Review non-certified requests for Nabumatone-Relafen 600mg., #90, Pantoprazole-Protonix 20mg., #60 and Capsaicin 0.075% cream #1. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumatone - Relafen 600mg, #90 (1 tab every 12 hours): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Nabumetone - Relafen 600mg, #90 (1 tab every 12 hours) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Relafen without evidence of functional improvement and with persistent pain. The request for continued Relafen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The documentation also indicates that patient has severe hypertension. For all of these reasons the request for Nabumetone-Relafen is not medically necessary.

Pantoprazole - Protonix 20mg, #60 (1 tab every 12 hours): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)-Proton pump inhibitors (PPIs).

Decision rationale: Pantoprazole - Protonix 20mg, #60 (1 tab every 12 hours) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The ODG states that Protonix should be second-line only after failure of the first line proton pump inhibitors. The documentation reveals evidence of a history of peptic ulcer disease with no evidence of failure of first line medications and furthermore the requested NSAID was deemed not medically necessary therefore the request for Protonix is not medically necessary.

Capsaicin 0.075% cream #1 (apply 3x a day to affected area): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28-29.

Decision rationale: Capsaicin 0.075% cream #1 (apply 3x a day to affected area) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS

states that topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS states that Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). The documentation reveals that the patient has used prior Capsaicin, however there is no evidence of significant functional improvement or improvement in pain from this cream. The request for Capsaicin is not medically necessary.