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| Case Number: | CM15-0225727 | | |
| Date Assigned: | 11/24/2015 | Date of Injury: | 07/12/2011 |
| Decision Date: | 12/31/2015 | UR Denial Date: | 10/29/2015 |
| Priority: | Standard | Application Received: | 11/17/2015 |

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: Emergency 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 62 year old male who sustained an industrial injury 07-12-11. A review of the medical records reveals the injured worker is undergoing treatment for leg joint contracture, right knee sprain-strain, and status post right knee surgery. Medical records (10-05-15) reveal the injured worker complains of right knee pain and swelling, which is not rated. The physical exam (10-05-15) reveals no bruising, swelling, atrophy, or lesion on the right knee. Tenderness to palpation is noted on the lateral joint line and medial joint line. Prior treatment includes right knee surgery (12-13-11), physical therapy, and medications including Prilosec, Ultram, and Gabacyclotram cream. The original utilization review (10-29-15) non certified the request for Prilosec 20mg unknown quantity and gabacyclotram cream 180gm. Progress notes from 10-05-15 are the only ones available for review. This review is unable to discern how long the injured worker has been on Ultram. There is no documentation of gastrointestinal issues or complaints, the gastrointestinal system on physical exam, or any reason for the injured worker to be on Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, one by mouth twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The requested Prilosec 20mg, one by mouth twice a day, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has right knee pain and swelling, which is not rated. The physical exam (10-05-15) reveals no bruising, swelling, atrophy, or lesion on the right knee. Tenderness to palpation is noted on the lateral joint line and medial joint line. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20mg, one by mouth twice a day is not medically necessary.

Gabacyclotram cream 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested Gabacyclotram cream 180 grams, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has right knee pain and swelling, which is not rated. The physical exam (10-05-15) reveals no bruising, swelling, atrophy, or lesion on the right knee. Tenderness to palpation is noted on the lateral joint line and medial joint line. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Gabacyclotram cream 180 grams is not medically necessary.