

Case Number:	CM15-0088506		
Date Assigned:	05/12/2015	Date of Injury:	12/07/2012
Decision Date:	06/15/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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: Internal Medicine, Rheumatology

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 57 year old male, who sustained an industrial injury on 12/07/2012. Diagnoses include right knee fracture, right knee pain, left wrist radiating to left elbow and low back pain left greater than right. Treatment to date has included medications, physical therapy, chiropractic and diagnostics including magnetic resonance imaging (MRI). Per the Primary Treating Physician's Progress Report dated 3/31/2015, the injured worker reported low back pain. Physical examination revealed tenderness to palpation of the left wrist. Lumbar spine ranges of motion included flexion of 50 and extension of 15. The plan of care included medications and authorization was requested for Ranitidine, Naproxen and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiflammatories and GI symptoms Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/zantac.

Decision rationale: This 57 year old male has complained of right knee pain, wrist pain, elbow pain and low back pain since date of injury 12/7/12. He has been treated with physical therapy, chiropractic therapy and medications. The current request is for Zantac. Zantac is a medication used to treat symptoms of heartburn and gastroesophageal reflux related disease. There is no documentation in the available medical records of medical rationale regarding the necessity use of this medication. On the basis of the above cited medical treatment guideline and the available provider documentation, Zantac is not indicated as medically necessary in this patient.

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiflammatories Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 57 year old male has complained of right knee pain, wrist pain, elbow pain and low back pain since date of injury 12/7/12. He has been treated with physical therapy, chiropractic therapy and medications to include NSAIDS since at least 01/2015. The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 12 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naproxen is not indicated as medically necessary in this patient.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic medications Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: This 57 year old male has complained of right knee pain, wrist pain, elbow pain and low back pain since date of injury 12/7/12. He has been treated with physical therapy, chiropractic therapy and medications to include Gabapentin since at least 01/2015. The current request is for Gabapentin. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.