

<b>Case Number:</b>	CM14-0119274		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 32-year-old individual was reportedly injured on March 14, 2012. The mechanism of injury was hyper flex injury secondary to a fall from a ladder. The most recent progress note, dated April 23, 2014, indicates that there were ongoing complaints of right knee pain. The physical examination demonstrated an antalgic gait, well healed arthroscopic portals, tenderness to palpation, and a slight loss of right knee flexion. The McMurray's testing was also cited. Diagnostic imaging studies objectified a joint effusion, bone marrow edema, osteoarthritic changes, chondromalacia patella and scarring of the infrapatellar fat pad. A request had been made for multiple medications and was not certified in the pre-authorization process on June 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Naproxen 550Mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 66 & 73 of 127.

**Decision rationale:** As outlined in the MTUS, this medication is indicated for the signs and symptoms of osteoarthritis. When noting the changes identified on MRI, there are changes consistent with a meniscal injury and chondromalacia. However, when noting the date of injury, and the amount of time this medication has been employed, there is no documentation of any efficacy or utility with the continued use of this medication. As such, this request is not medically necessary.

**Retrospective Request for Hydrocodone/APAP 10/325Mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 78-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** This medication is indicated for the management of severe breakthrough pain. This is not indicated for constant, chronic or indefinite use. Furthermore, when noting the ongoing complaints of pain, and there is no objectified data relative to increase functionality or decreased symptomatology, there is no clear clinical indication that this medication is demonstrating any efficacy or utility. As such, based on the clinical information presented for review, the medical necessity for continued use of this preparation has not been established. Therefore, this request is not medically necessary.

**Gabapentin 300 Mg (Unspecified QTY):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

**Decision rationale:** As noted in the MTUS, this medication has been shown to be effective for the treatment of a painful diabetic neuropathy or a post-herpetic neuralgia. Furthermore, there is some indication for a first-line treatment of a neuropathic pain type situation. When noting the reported mechanism of injury and by the findings identified on physical examination and on MRI, there is no neuropathic lesion, this is a nociceptive issue. As such, this request is not medically necessary.

**Retrospective Request for Omeprazole 20 Mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

**Decision rationale:** This medication is a proton pump inhibitor indicated for the treatment of gastroesophageal reflux disease. It was also noted as a protectorant for those patients taking non-steroidal medications. However, when noting the date of injury, the current complaints and the physical examination findings, there is no data to suggest there are any issues relative to gastrointestinal distress, gastroesophageal reflux disease or gastritis. Therefore, based on the lack of any symptomatology, there is no clinical indication for the continued utilization of this medicine. Therefore, this request is not medically necessary.