

Case Number:	CM14-0095152		
Date Assigned:	07/25/2014	Date of Injury:	06/29/2005
Decision Date:	10/06/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 59-year-old female with a 6/29/05 date of injury. A specific mechanism of injury was not provided. According to a progress report dated 5/21/14, the patient returned for a follow-up visit for left total knee replacement arthroplasty three-and-one-half months ago. She stated that she was feeling better and had less paresthesias of the anterior aspect of her left leg. Objective findings: tenderness to palpation over the lower lumbar spine, paresthesias over the saphenous nerve distribution. Diagnostic impression: status post left total knee replacement arthroplasty, developing arthrofibrosis of the left knee, low back pain, neuropathy of the saphenous nerve. Treatment to date: medication management, activity modification, physical therapy, total knee replacement surgery. A UR decision dated 6/13/14 denied the request for Ultram and approved Clinoril, Omeprazole, and Neurontin. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clinoril 200mg BID #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. A UR decision dated 6/13/14 certified this request. It is unclear why a duplicate request is being made at this time. Therefore, the request for Clinoril 200mg BID #60 with one refill was not medically necessary.

Omeprazole 40mg QD #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support Proton Pump Inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, Gastroesophageal Reflux Disease (GERD), erosive esophagitis, or patients utilizing chronic Non-Steroidal Anti-Inflammatory Drugs (NSAID) therapy. Omeprazole is a Proton Pump Inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. A UR decision dated 6/13/14 approved this request. It is unclear why a duplicate request is being made at this time. Therefore, the request for Omeprazole 40mg QD #30 with one refill was not medically necessary.

Nerontin 300mg TID #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Nerontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. A UR decision dated 6/13/14 approved this request. It is unclear why a duplicate request is being made at this time. Therefore, the request for Nerontin 300mg TID #90 with one refill was not medically necessary.

Ultram 50mg TID prn #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Ultram 50mg TID prn #90 with one refill was not medically necessary.