

Case Number:	CM14-0211949		
Date Assigned:	01/02/2015	Date of Injury:	05/09/2013
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Preventive Medicine, Occupational 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:

This is a 50-year-old female with a 5/9/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 11/18/14 noted subjective complaints of continued right knee pain. Objective findings included antalgic gait and right ankle swelling. The report notes that the patient has ankle pain most consistent with neuritic pain, which was thought to be secondary to stretch neuritis of the superficial peroneal nerve. Diagnostic Impression: posttraumatic entrapment and traction neuritis superficial peroneal nerve. Treatment to Date: medication management, physical therapy, acupuncture, knee surgery. A UR decision dated 12/17/14 denied the request for aqua therapy for right knee x 12. There is no documentation of intolerance to land-based therapy. It also modified Gabapentin 600 mg #120, certifying #108. The patient is not documented to have diabetic painful neuropathy and/or postherpetic neuralgia. The request is modified to allow for monitoring. It also denied Relafen 500 mg #90. NSAIDS are recommended for only short-term use. No exceptional circumstances were evident in this case. It also denied Protonix 20 mg #. There is no evidence that the patient is at significantly increased risk for GI events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy (12-sessions for right knee): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, there is no indication of a condition such as extreme obesity that would not allow the patient to undergo traditional land-based therapy. Therefore, the request is not medically necessary.

Gabapentin 600mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs, Gabapentin Page(s): 16-18, 49. Decision based on Non-MTUS Citation FDA (Neurontin).

Decision rationale: The 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. The progress reports clearly document that the patient has chronic ankle pain most consistent with neuropathic pain. Gabapentin is indicated. Therefore, the request is medically necessary.

Relafen 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines 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. However, it is unclear how long the patient has been taking Relafen. Guidelines do not recommend the chronic use of NSAIDS, especially in the absence of clear documentation of

objective functional benefit derived from its use. Therefore, the request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and FDA (Pantoprazole)

Decision rationale: The Chronic Pain Medical Treatment Guidelines and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, since the continued use of NSAIDS was not certified, the continued use of Protonix is not certifiable. Therefore, the request is not medically necessary.