

Case Number:	CM15-0177677		
Date Assigned:	09/18/2015	Date of Injury:	07/03/2013
Decision Date:	11/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male sustained an industrial injury on 7-3-13. Documentation indicated that the injured worker was receiving treatment for right calcaneal fracture, right shoulder sprain and strain, bilateral wrist sprain and strain, lumbar spine sprain and strain, right sciatica and right knee contusion and sprain and strain. Additional diagnoses included mild anxiety, depression and adjustment disorder. Previous treatment included talocalcaneal fusion, physical therapy and medications. The injured worker underwent subtalar joint arthrodesis on 2-6-15. In a PR-2 dated 4-7-15, the injured worker complained of right foot pain, low back pain right shoulder pain, rated 3 to 5 out of 10 on the visual analog scale. The injured worker was prescribed Naproxen Sodium, Norco and topical compound cream. In a podiatric progress report dated 7-27-15, the injured worker reported having pain with prolonged weight bearing but was otherwise doing "very well". The injured worker demonstrated "less pain overall and was extremely happy with the outcome from provided treatment". The physician noted that the injured worker was walking with moderately improved gait but continued to show symptoms of pain to prolonged weight bearing with ongoing decreased range of motion. The treatment plan included topical medications for breakthrough pain and physical therapy. In a Pr-2 dated 7 29-15, the injured worker complained of right ankle pain and lumbar spine pain, rated 5 to 6 out of 10 on the visual analog scale. The injured worker also complained of right knee pain that "came for the lumbar spine" and reported that the right shoulder and both wrists were doing well. The injured worker was pending authorization for orthotics and computed tomography right foot to evaluate right foot fusion due to persistent pain and valgus of the right heel. The physician documented that magnetic

resonance imaging lumbar spine showed herniated nucleus pulposus at L5-S1 abutting the left S1 nerve root. The physician documented that there were no changes on physical exam from previous visits. The treatment plan included a prescription for Norco and requesting authorization for computed tomography right foot and orthotics for gait stabilization. On 8-11-15, Utilization Review noncertified a request for Omeprazole 20 mg, Gabapentin 300mg and Naproxen Sodium 550mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg: Overturned

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 (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in July 2013 when he fell from a cherry picker with injury to the right lower extremity with a comminuted calcaneus fracture and is being treated for low back and right buttock pain. In January 2014, medications included Advil 2 - 4 per day. He denied gastritis. He underwent a right subtalar arthrodesis in February 2015. Norco was prescribed. Naprosyn was prescribed in April 2015. When seen, he was having low back and right lower extremity pain. Physical examination findings included severe low back pain with range of motion. There was positive right straight leg raising. His body mass index is over 30. He was using a lower extremity compressive band for pain relief. There was a normal neurological examination. Medications were prescribed including gabapentin. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and is medically necessary.

Omeprazole 20mg: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in July 2013 when he fell from a cherry picker with injury to the right lower extremity with a comminuted calcaneus fracture and is being treated for low back and right buttock pain. In January 2014, medications included Advil 2 - 4 per day. He denied gastritis. He underwent a right subtalar arthrodesis in February 2015.

Norco was prescribed. Naprosyn was prescribed in April 2015. When seen, he was having low back and right lower extremity pain. Physical examination findings included severe low back pain with range of motion. There was positive right straight leg raising. His body mass index is over 30. He was using a lower extremity compressive band for pain relief. There was a normal neurological examination. Medications were prescribed including gabapentin. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as omeprazole is not medically necessary.

Gabapentin 300mg: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in July 2013 when he fell from a cherry picker with injury to the right lower extremity with a comminuted calcaneus fracture and is being treated for low back and right buttock pain. In January 2014, medications included Advil 2 - 4 per day. He denied gastritis. He underwent a right subtalar arthrodesis in February 2015. Norco was prescribed. Naprosyn was prescribed in April 2015. When seen, he was having low back and right lower extremity pain. Physical examination findings included severe low back pain with range of motion. There was positive right straight leg raising. His body mass index is over 30. He was using a lower extremity compressive band for pain relief. There was a normal neurological examination. Medications were prescribed including gabapentin. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment, there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is unknown without documented efficacy of this medication at the current dose and no titration is referenced. Ongoing prescribing at this dose is not medically necessary.