MAXIMUS Federal Services

Case Number:	CM15-0048888		
Date Assigned:	03/20/2015	Date of Injury:	01/31/2011
Decision Date:	06/29/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/16/2015

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 66 year old male, who sustained an industrial injury on January 31, 2011. He reported a right knee and low back injury. The injured worker was diagnosed as having lower back pain, lumbar disc displacement, lumbar radiculopathy, sacroiliitis, lumbar myofascial pain, and chronic pain syndrome. Diagnostic studies to date have included MRIs and nerve conduction studies. Treatment to date has included chiropractic therapy, physical therapy, acupuncture, a home exercise program, and medications. On October 7, 2011, the injured worker complains of constant lower back pain radiating to the buttocks to the knees. He complains of constant right knee pain. The right knee and back pain is described as throbbing, cramping, gnawing, aching, heavy, and stabbing sensation. Rest and lying on the right knee and back relieves the pain. The physical exam revealed several trigger points in the bilateral lower spine from lumbar 3-5, decreased lumbar range of motion, mild lumbar intervertebral and facet tenderness, and mild left sacroiliac joint tenderness. The right knee was tender with decreased range of motion. There was a decreased left Achilles deep tendon reflex and normal muscle strength in the bilateral lower extremities. The treatment plan includes Naproxen, Omeprazole, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen 550 mg, quantity unspecified, dispensed 10/07/2011: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: This 66 year old male has complained of right knee pain and low back pain since date of injury 1/31/11. He has been treated with chiropractic therapy, physical therapy, acupuncture and medications to include Naproxen since at least 08/2011. The current request is for Naproxen, retrospective 10/2011. 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 had been treated with NSAIDS for at least 8 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.

Retrospective Omeprazole 20mg, quantity unspecified, dispensed on 10/07/2011: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): s 67-68.

Decision rationale: This 66 year old male has complained of right knee pain and low back pain since date of injury 1/31/11. He has been treated with chiropractic therapy, physical therapy, acupuncture, and medications. The current request is for Prilosec (10/2011). No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

Retrospective Gabapentin 800mg, quantity unspecified, dispensed on 10/07/2011: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

Decision rationale: This 66 year old male has complained of right knee pain and low back pain since date of injury 1/31/11. He has been treated with chiropractic therapy, physical therapy, acupuncture, and medications to include Gabapentin since at least 09/2011. The current request is for Gabapentin, retrospective 10/2011. 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.