

Case Number:	CM15-0066034		
Date Assigned:	04/13/2015	Date of Injury:	09/09/2002
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old male, who sustained an industrial injury on September 9, 2002. He reported an injury to his left foot. Treatment to date has included medications, massage, and home exercise program. Currently, the injured worker complains of pain in the left foot. The injured worker notes that his pain is aggravated with prolonged standing and is alleviated with resting. The pain is characterized as cramping, sharp and stabbing. He rates his pain a 6 on a 10-point scale without medications and a 2-3 on a 10-point scale with medications. He continues his home exercise program and notes that walking is tolerated. The evaluating physician notes that the functionality of the injured worker is the same and the injured worker notes that his condition is unchanged. His treatment plan includes Lodine, Prilosec, Neurontin and continuation of home exercise. Diagnoses associated with the request include reflex sympathetic dystrophy of the lower limb and contusion of the ankle and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lodine 300mg, #60: Overturned

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 (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The patient presents with pain and weakness in his left foot and left leg. The patient is s/p 5 ankles surgeries. The request is for LODINE 300MG #60. Per 03/16/15 progress report, the patient is currently taking Lodine, Prilosec and Neurontin. He currently works full time. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. In this case, this patient has been utilizing Lodine since at least 12/17/14. The treater provides this medication's efficacy, stating, "He rates his pain as 6/10 without medications and 2-3/10 with medications. Lodine helps with inflammation. Medications allow him to remain work full time." Given the support from MTUS for the use of this medication, the request IS medically necessary.

Neurontin 300mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient presents with pain and weakness in his left foot and left leg. The patient is s/p 5 ankles surgeries. The request is for NEURONTIN 300MG #60. Per 03/16/15 progress report, the patient is currently taking Lodine, Prilosec and Neurontin. He currently works full time. MTUS guidelines page 18 and 19 states that "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient has been utilizing Neurontin since at least 12/17/14. The patient presents with dysesthesias throughout the left and the forefoot. The treater documents this medication's efficacy, stating, "The patient is doing well on Neurontin. It reduces the patient's pain by about 50% and helps the patient sleep at night. Medications allow him to remain working full time." MTUS require documentation of at least 30% reduction of pain with initial trial for chronic use of this medication. Given the patient has dysesthesias which is neuropathic pain, and there is documentation of 50% pain reduction with this medication, the request IS medically necessary.

Prilosec 20mg #60: Overturned

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 & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain and weakness in his left foot and left leg. The patient is s/p 5 ankles surgeries. The request is for PRILOSEC 20MG #60. Per 03/16/15 progress report, the patient is currently taking Lodine, Prilosec and Neurontin. He currently works full time. MTUS guidelines page 69 recommends prophylactic use of PPIs when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient has been utilizing Prilosec along with NSAID (Lodine) since at least 12/17/14. The treater documents this medication's efficacy, stating, "The patient notes that the dyspepsia is well tolerated with the use of Prilosec. Medications allow him to remain working full time." The patient presents with dyspepsia for which this medication is indicated. The request IS medically necessary.