

Case Number:	CM15-0074067		
Date Assigned:	04/24/2015	Date of Injury:	03/31/2009
Decision Date:	05/21/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/17/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 36 year old female, who sustained an industrial injury on 3/31/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical discogenic condition, wrist joint inflammation, left elbow medial and lateral epicondylitis, left shoulder impingement, left radial tunnel syndrome, internal derangement of the left knee and left wrist triangular fibrocartilage complex tear. Magnetic resonance imaging showed left elbow medial and lateral epicondylitis and cervical disc bulging. Treatment to date has included physical therapy and medication management. In a progress note dated 2/23/2015, the injured worker complains of difficulty walking and with gripping, grasping and torqueing due to pain in the left knee and left arm. The treating physician is requesting Naproxen, Gabapentin and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was insufficient evidence found in the documentation which showed clear functional gains or measurable pain level reduction directly related to the use of Naproxen. Also, chronic use of this medication for the diagnoses listed is not recommended and carries long-term risks. Therefore, the request for naproxen IS NOT medically necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was insufficient supportive data to justify continuation of gabapentin. There was no measurable assessment of symptom reduction and functional gain directly related to its use. Nor was there sufficient confirmatory subjective reports and objective physical findings suggestive of neuropathy. Therefore, the request for gabapentin IS NOT medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids,

and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no record which contained any information to suggest this worker was at an elevated gastrointestinal event risk to warrant chronic ongoing use of Pantoprazole, which is not benign. Without more supportive evidence to support its use, the request for Pantoprazole IS NOT medically necessary.