MAXIMUS Federal Services

Case Number:	CM13-0002312		
Date Assigned:	03/03/2014	Date of Injury:	05/10/2012
Decision Date:	05/07/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46 year-old female sustained an injury on 5/10/12 while employed by [redacted] USA. The requests under consideration include Omeprazole and Gabapentin. The report of 4/17/13 from the provider noted patient with continued ongoing knee/patellofemoral symptoms, shoulder and cervical spine pain. The exam showed pain with range 0-100 degrees, joint line tenderness and positive McMurray's test of the knee. Medications were refilled and awaiting surgical opinion. The report of 5/24/13 noted patient with 4/10 left shoulder pain with radiation to left hand associated with some numbness and tingling. The current pain medication regimen is helpful for pain symptoms. The exam of left shoulder revealed tenderness over posterior rotator cuff region; and mild pain with internal rotation. Medications above were requested with partial-certification on 7/8/13 of Gabapentin 300 mg for 2 months' supply to help taper off and non-certification of Omeprazole citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: This 46 year-old female sustained an injury on 5/10/12 while employed by Kenwood USA. Omeprazole medication is for treatment of the problems associated with erosive epophagitis from GERD, or in patients with hypersecretion diseases. Per California MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. The submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. A review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Omeprazole is not medically necessary and appropriate.

GABAPENTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS/GABAPENTIN Page(s): 18-19.

Decision rationale: This 46 year-old female sustained an injury on 5/10/12 while employed by [redacted] USA. Although Gabapentin 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered nor is there specific diagnoses of neuropathic pain. The previous treatment with Gabapentin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin is not medically necessary and appropriate.