

Case Number:	CM13-0014519		
Date Assigned:	10/04/2013	Date of Injury:	09/12/1998
Decision Date:	03/12/2014	UR Denial Date:	08/04/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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:

The patient is a 64-year-old female who reported an injury on 09/12/1998. The patient is diagnosed with cervical radiculopathy, double-crush syndrome, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, stable low back pain, bilateral shoulder impingement, bilateral knee osteoarthritis, and stomach cancer. The patient was seen by [REDACTED] on 07/02/2013. The patient reported persistent neck pain. Physical examination revealed decreased cervical range of motion, decreased sensation in the C6, C7, and C8 dermatomes, and weakness on the left. Treatment recommendations included continuation of current medications including Neurontin and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective in treatment of diabetic painful

neuropathy, post herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Therefore, the current request cannot be determined as medically appropriate.

Prilosec (Omeprazole) 20mg, #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. As per the documentation submitted, the patient does report a history of stomach cancer; however, there were no indications that the patient suffers from a current gastrointestinal complaint or is currently at increased risk. The patient is also not taking any NSAID medication. The patient's current status and medication regimen do not put the patient at intermediate or high risk for gastrointestinal events. Therefore, the patient does not meet criteria for a proton pump inhibitor. Additionally noted, the patient has continuously utilized this medication since at least 2012, and continues to report persistent GI upset. Based on the clinical information received and the California MTUS Guidelines, the request is noncertified.