

Case Number:	CM13-0029949		
Date Assigned:	05/21/2014	Date of Injury:	08/22/2010
Decision Date:	07/11/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/25/2013

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 Orthopedic Surgery and Hand Surgery 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:

The claimant is a 44-year-old female who injured her neck and shoulder in a work-related fall on 08/22/10. The records provided for review include a clinical report of 06/26/13 documenting a diagnosis of herniated discs at the C4-5 and C5-6 level, left shoulder impingement, subacromial bursitis, rotator cuff tear, and elevated liver enzymes. Subjectively, it was noted that the claimant had continued complaints of pain in the left shoulder with radiating pain to the hand. Objectively, on exam there was diminished grip strength, tenderness to palpation at the deltoid and cervical spine with restricted cervical range of motion. Treatment plan was for a CT scan of the cervical spine for further assessment and continuation of conservative care to include medications of Gabapentin and Zolpidem to be used both in the morning and evening.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN (GABAPENTIN & ZOLPIDEM): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the use of combination medication Gabapentin which contains Gabapentin, a medical food, and Ranitidine, an H2 histamine blocker would not be supported. There is no documentation in the records provided for review of an indication of significant GI risk factor to support the use of a protective GI medication. The use of Ranitidine in this clinical setting for this individual with no history of gastritis or nonsteroidal induced gastritis cannot be supported. There is also currently no indication for the use of a medical food in the work related setting. The request for Gabapentin (Gabapentin & Ranitidine) is not medically necessary.

SENTRA AM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Worker's Comp, 18th Edition, 2013 Updates: Pain Procedure - Sentra PM.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. When looking at the Official Disability Guidelines, medical foods are not recommended in this setting. Sentra is a medical food targeted for the intended use in management of sleep disorders associated with depression. This individual's clinical records do not give a history of a sleep disorder or first line treatment for sleep disorders. The concordant use of this medication for the treatment of this individual's work related complaints would not be supported as medically necessary.

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