

Case Number:	CM13-0033003		
Date Assigned:	12/06/2013	Date of Injury:	03/11/2004
Decision Date:	01/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 Occupational Medicine 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 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 62-year-old female with a work related injury on 3/11/04 secondary to a fall. The patient has been treated with AC joint and rotator cuff injections, PT, radiofrequency treatment to the neck, and medications consistent of Gabapentin 100mg and Prilosec 20mg. Doctor's PR2 performed on 8/20/13 reveals that patient has persistent neck pain with radiation to the left upper extremity with headaches and difficulty sleeping. Exam findings reveal cervical paraspinal muscle spasms, dysesthesia in left C6-C8 dermatome distribution, tenderness at the anterior aspect of the right shoulder, decreased left shoulder ranges of motion. Her diagnosis is low back pain, lumbosacral neuritis, neck pain, left shoulder pain with possible impingement and bicipital tendonitis. There is no documentation in recent reports as to the benefits of the medications. There is reported constipation. The request is for medications listed below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin(Neurontin)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17.

Decision rationale: CA MTUS discusses the use of anti-epileptic medications on page 17 of chronic pain guidelines. The guidelines state that for continued use of AEDs, there needs to be at least a 30% improvement for a moderate result. Without this improvement, the potential for adverse effects becomes apparent. There is no documentation that the patient is having a moderate effect from long term use of gabapentin. This brings in potential side effects. The patient is stated to have heartburn and constipation. Therefore, as potentials for adverse effects increases when moderate results are not shown, the requested treatment is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease(GERD), (2012), page 12.

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

Decision rationale: CA MTUS chronic pain page 68 states that PPI be used when there is increased risk for GI events. This patient does not meet criteria for use of PPI. In addition, medical records show that the patient reports omeprazole has not been helping with the patients heartburn symptoms. Therefore , this medication is not medically necessary.

Laxacin 8.6/50mg #100: 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 National Guideline Clearinghouse, Constipation Pharmacologic treatment.

Decision rationale: CA MTUS does not address treatment of constipation except in the opioids guides that state that constipation needs to be treated. National guidelines clearing house was consulted. The guides recommend the use of stimulant laxatives, of which laxacin is a combination of stimulant and stool softeners. (senna and docusate). As this patient reports constipation, it would be appropriate to initiate this form of laxative. However, guidelines state that stool softeners may increase the absorption of drugs. Therefore, this combination is not recommended.