

Case Number:	CM13-0033692		
Date Assigned:	12/06/2013	Date of Injury:	04/01/2011
Decision Date:	03/27/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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 Family Practice 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 33 yr. old male beneficiary sustained a work injury on 4/10/11 resulting in neck pain radiating to the shoulder. Her diagnoses included cervical radiculopathy, lumbar radiculopathy, anxiety, depression, sacroiliac joint dysfunction as well as complex regional pain syndrome. She had used a TENS unit for pain as well as Gabapentin, Tylenol, topical Capsaicin for pain. She was using Omeprazole as well without any specified indication. An examination note on 10/23/13 noted that she continued to have straight leg raise, and tenderness in the paraspinal musculature. The treatment plan included seeing a GI physician, discontinuing Gabapentin, but continuing the Tylenol and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation,

and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The specified reason for seeing a GI specialist is not documented. Therefore, the continued use of Prilosec is not medically necessary.

Tramadol 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 93-94.

Decision rationale: In this case, there is no documentation to pain scale response to medication or failure of any 1st line treatment. There is no documented cancer and Tramadol may not be effective according to the guidelines for radicular symptoms. There is no documentation on length of prior or future use. As a result, Tramadol is not medically necessary.

Gabapentin 600mg #60: 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 Section Page(s): 16.

Decision rationale: In this case, the claimant does not have the stated conditions approved for Gabapentin use. In addition, the treatment duration from July 1, 2013 to Oct 23, 2013 is beyond 8 weeks treatment time recommended by the guidelines. Gabapentin is not medically necessary