

<b>Case Number:</b>	CM13-0033758		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/02/2003
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal Medicine and Cardiology has a subspecialty Fellowship training in Cardiovascular Disease 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 50 year old female who reported an injury on 10/02/2003. The mechanism of injury information was not provided in the medical record. The patient's diagnoses included lumbar spine strain/sprain, and radicular symptoms to right lower extremity. Medication regimen consisted of Norco 5/325mg twice daily, Gabapentin 300mg twice daily, and Prilosec 20mg once daily for gastritis. The most recent clinical note dated 09/10/2013 reported the patient continued to complain of neck, bilateral shoulder, lower back, and upper extremity pain. The patient stated she had no relief since previous clinical visit. She continued to do her home exercise program as best she could, and continuing medication regimen as ordered. Cervical axial traction reduces the pain the neck and upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for prospective usage of Norco (hydrocodone/ acetaminophen), 5mg/325mg twice a day as needed, three (3) month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): s 78-80.

**Decision rationale:** California MTUS states that for ongoing pain management, there should be documented signs of improvement to include decreased pain and increase functional levels. There is no consistent documentation of any objective findings of increased functional abilities, and the patient pain levels are not specified. The clinical notes simply state the patient continued to have complaints of neck, low back, bilateral shoulder pain, and upper extremities pain. Without sufficient clinical documentation of the benefit of the requested medication for the patient's pain, the medical necessity cannot be proven, as such the request for prospective usage of Norco (hydrocodone/ acetaminophen), 5mg/325mg twice a day as needed, three (3) month supply is non-certified.

**Gabapentin (Neurontin) 300mg twice daily, three (3) month supply:** 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 (AEDs) Page(s): s 16-19.

**Decision rationale:** California MTUS states anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective in treatment of diabetic neuropathy. The patient had ongoing complaints of neck, upper extremity, shoulders, and low back pain. There is no objective clinical documentation of the requested medication's efficacy. The medical record did not provide any documented decrease in pain level or increase in the patient's functional level while taking this medication. As such the medical necessity cannot be proven, and the request for Gabapentin (Neurontin) 300mg twice daily, three (3) month supply is non-certified.

**Prilosec (Omeprazole) 20mg daily, three (3) month supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation (ODG-TWC), Proton Pump Inhibitors and Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): s 68-69.

**Decision rationale:** California MTUS states proton pump inhibitors are recommended if the patient is at risk for gastrointestinal event. The patient is a <65 years of age, with no history of GI bleed, peptic ulcer, or perforation documented in the medical record. There is mention of resolved heartburn/indigestion, but nothing about gastrointestinal problems. Per California MTUS if the patient is receiving opioid therapy and at risk of gastrointestinal events then the requested medication would be recommended. Since there are no clinical findings of gastrointestinal issues, and the Norco is not being certified, there is no medical necessity proven for Prilosec. As such, the request for Prilosec (Omeprazole) 20mg daily, three (3) month supply is non-certified.

