

<b>Case Number:</b>	CM13-0039287		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 39 years old who was injured on 3/27/12 while driving a truck. The patient has back pain, left shoulder and right leg pain. The pain in the shoulder and leg have gotten better over time, but the pain in the back has gotten worse, making it difficult for him to bend and pick up anything from the floor. Patient underwent a psychological evaluation and was said to be depressed because of his back pain and inability to do the things he likes to do like playing soccer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Fexmid 7.5 mg, #90 with 3 bottles refilled:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**Decision rationale:** Evidence based guidelines recommend this muscle relaxant for a short course of therapy as an option or as a second line option for short term acute exacerbation. In patients with chronic back pain, treatment should be brief and no more than 2 to 3 weeks.

Review of the records for this patient does not show that this request is for an acute exacerbation. Therefore, the use of this medication is not medically indicated in this patient.

**1 prescription of Gabapentin 600mg, #100 with 3 bottles refilled:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21. Decision based on Non-MTUS Citation Clinical Pharmacology, 2008

**Decision rationale:** There is no information in the records provided that shows that this patient's pain is neuropathic in origin. The clinical records show this patient had taken gabapentin before but there is no documentation of any improvement in the pain. A good response to the use of anti-epilepsy drugs (AEDs) has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Therefore, gabapentin is not medically indicated for this patient.

**1 prescription of Omeprazole 20 mg, #100:** 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.

**Decision rationale:** There is documentation in the records that this patient has been on different non-steroidal anti-inflammatory drugs (NSAIDs) and developed gastritis. He has been on Omeprazole and in September 2013, he was retroactively approved for another month of this medication. However, there is no additional documentation that shows that the patient's gastritis has not resolved or improved. Usually, the symptoms improve within 4 weeks and if no improvement is noted, the suggestion is to stop or switch NSAIDs. There is also no documentation that this patient is still on NSAIDs, therefore there is no medical indication to continue with Omeprazole.