

Case Number:	CM13-0039927		
Date Assigned:	12/20/2013	Date of Injury:	09/16/2010
Decision Date:	05/22/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 48-year-old female who reported an injury on 09/16/2010. The injured worker was reportedly performing yard work when she stepped in a hole. Current diagnoses include abdominal pain, GERD, gastritis, constipation, internal hemorrhoids, hiatal hernia, and status post gastric polypectomy. The injured worker was evaluated on 10/01/2013. The injured worker reported improving internal hemorrhoids, GERD, abdominal pain, and gastritis. The injured worker reported no change in constipation. Physical examination on that date revealed 1+ tenderness to palpation of the abdomen. Treatment recommendations included a prescription for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF GABAPENTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk..

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor

and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the documentation submitted, the injured worker only reported constipation. The injured worker currently utilizes Amitiza, simethicone, Gaviscon, and ranitidine. The medical necessity for an additional gastrointestinal drug has not been established. There is also no strength, frequency, or quantity listed in the current request. As such, the request is not medically necessary.