MAXIMUS Federal Services

Case Number:	CM13-0052557		
Date Assigned:	12/30/2013	Date of Injury:	12/06/2007
Decision Date:	03/14/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/15/2013

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and low back pain associated with an industrial injury sustained on December 16, 2007. Thus far, the applicant has been treated analgesic medications, adjuvant medications, prior lumbar fusion surgery, epidural steroid injection therapy, topical compounds; and extensive periods of time off work. A progress note dated November 8, 2013 notes that the applicant experiences multifocal low back and neck pain secondary to cumulative trauma at work. The applicant reports persistent neck pain radiating to the arms at 8-9/10. No motor deficits and normal sensorium are noted about the upper extremities. A cervical fusion surgery procedure is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg (8/14/13, 9/11/13, 10/9/13, and future refills): Upheld

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

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

Decision rationale: While MTUS Chronic Pain Medical Treatment Guidelines support usage of proton pump inhibitors such as pantoprazole (Protonix), in the treatment of NSAID-induced dyspepsia, there is no explicit mention of dyspepsia, reflux, heartburn, etc., for which ongoing usage of Protonix would be indicated. Therefore, the request is not certified.

Gabapentin 300mg (8/14/13, 9/11/13, 10/9/13, and future refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the applicant should be asked at each visit as to whether there has been an improvement in pain and function effected result of ongoing Gabapentin usage. In this case, the most recent progress note suggested that the applicant exhibited heightened pain complaints of 8-9/10 despite ongoing usage of Gabapentin/Neurontin. No clear benefit in terms of improved pain and/or function has been seemingly effected as a result of ongoing Gabapentin usage. Therefore, the request is not certified.