

Case Number:	CM13-0060364		
Date Assigned:	12/30/2013	Date of Injury:	11/19/2010
Decision Date:	03/27/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 Medicine, and is licensed to practice in Arizona. 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:

Patient is a 46 year old with a date of injury on 11/19/2010. Patient been treated for ongoing neck, shoulder, and low back symptoms with associated depressive disorder. Patient has had surgery on bilateral shoulders. Reported medications include Tylenol #3, soma, tramadol, trazodone, gabapentin, sertraline, omeprazole, atenolol, amlodipine, hydrochlorothiazide, gemfibrozil, and simvastatin. Subjective complaints are of daily headaches, neck pain, pain in bilateral shoulders, bilateral wrist pain, and lower back pain with radiation to his right leg. Physical exam showed decreased cervical range of motion, tenderness and spasm over cervical paraspinal muscles, sensation/reflexes/strength in upper extremities was intact. Lumbar spine had decreased range of motion, tenderness over paraspinal muscles, sacroiliac joints, and piriformis muscle. Lower extremity strength/sensation/reflexes were normal. Straight leg raise was negative. Medical documentation does not clarify how long patient has been on gabapentin, or provide any record of efficacy for pain relief or functional improvement. Medical records also do not state duration that patient has been using omeprazole, or document evidence of any previous or current gastrointestinal disturbance.

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, GI Symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDs. There is no documentation identified that would stratify this patient in an intermediate or high risk GI category. There is also no documentation indicating current GI complaints. Since the patient has no history of peptic ulcers, GI bleeding, and is not taking an NSAID, the requested prescription for Omeprazole is not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16.

Decision rationale: CA MTUS indicates that gabapentin is an anti-seizure medication is recommended for neuropathic pain. CA MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. Review of the submitted medical records did not identify any documentation that demonstrated objective neuropathic pain relief or functional improvement with this medication. Therefore, the medical necessity for Gabapentin is not established.