

Case Number:	CM13-0061163		
Date Assigned:	12/30/2013	Date of Injury:	11/25/2008
Decision Date:	12/12/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/26/2013

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 New York. 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 34-year-old female who reported an injury on 11/25/2008. The mechanism of injury was repetitive lifting. Her diagnosis was lumbar discopathy. Her past treatments included medication, injections, and physical therapy. Diagnostic studies included an MRI of the lumbar spine on 04/27/2009 that revealed a small disc herniation at the L5-S1 level, and a repeat MRI of the lumbar spine on 01/19/2010. She also had electrodiagnostic studies of the bilateral lower extremities on 02/24/2011 which revealed a right S1 radiculopathy. Her surgical history included an anterior lumbar discectomy at the L4-5 and L5-S1 spinal levels on 07/12/2011. The clinical progress note, dated 10/10/2013, reported the injured worker complained of continued low back pain. The physical examination revealed limited range of motion with pain, tenderness, and guarding. Previous medical consultation notes, dated 10/07/2013, reported pain and reduced range of motion, but no evidence of neurologic impairment was noted. Her medications included Norco, Xanax, Flexeril, Nortriptyline, Neurontin, and Prilosec. The treatment plan included recommendations for a home safety evaluation, mobility chair, and self directed home exercises. The request was for Neurontin 300 mg #60 with 2 refills to relieve nerve pain, and Prilosec 20 mg #60 with 2 refills to be used as gastrointestinal protective agent associated with the use of nonsteroidal anti-inflammatory drugs. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 300MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-18.

Decision rationale: The request for Neurontin 300mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines recommend antiepilepsy drugs for neuropathic pain. More specifically, gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The clinical documentation submitted for review failed to provide sufficient evidence of medical necessity for the medication. It was indicated that the injured worker had pain and reduced range of motion; however, on physical examination, no evidence of neurologic impairment, such as, numbness, tingling or radiating symptoms was noted. Guidelines also indicate after initiation of an anti-epilepsy drug there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Continued use depends on improved outcomes versus tolerability of adverse effects. Documentation indicated the injured worker had been prescribed gabapentin (Neurontin) since at least June of 2012. However, there was a lack of documentation to evidence improvement in function or ability to perform activities of daily living. Also, documentation of adequate pain relief or any side effects was not provided. It was noted the injured worker reported an average pain level of 7/10, however, it was not indicated if this was with or without medication. Additionally, the request as submitted failed to indicate a frequency of use for the medication. As such, the request for Neurontin 300mg #60 with 2 refills is not medically necessary.

PRILOSEC 20MG #60 WITH 2 REFILLS: Upheld

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

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

Decision rationale: The request for Prilosec 20mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events when nonsteroidal anti-inflammatory drugs are prescribed, or for those with complaints of dyspepsia related to nonsteroidal anti-inflammatory drug use. The injured worker has been taking Prilosec since at least June of 2012. However, the most recent clinical note did not indicate continued use of any nonsteroidal anti-inflammatory drug. Additionally, the clinical documentation submitted for review did not indicate that the injured worker had gastrointestinal symptoms or significant risk factors. Also, the request as submitted failed to indicate a frequency of use for the medication. As such, the request for Prilosec 20mg #60 with 2 refills is not medically necessary.

