MAXIMUS Federal Services

Case Number:	CM13-0064855		
Date Assigned:	01/03/2014	Date of Injury:	06/27/2005
Decision Date:	06/20/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family 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 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 patient has submitted a claim for cervical and lumbar disc disease, post laminectomy syndrome and lumbar radiculitis associated with an industrial injury on June 27, 2005. Medical records from March to December 2013 were reviewed and showed persistent cervical and low back pain. He had an increase of low back pain for 3 weeks and right leg pain. He also reports neuropathic pain radiating to bilateral upper extremities with dysphagia. Physical examination showed slow gait pattern. Cervical and lumbar spine range of motion were significantly decreased (cervical flexion 10 degrees, extension 20 degrees, left lateral bend 15 degrees, right lateral bend 20 degrees; lumbar flexion 20 degrees, extension 10 degrees, left and right lateral bend 10 degrees). There was tenderness of the paraspinal muscles more on the right than the left with spasms. Deep tendon reflexes were decreased on the bilateral upper extremities and the right lower extremity. There was diminished sensation on the right L5-S1 distribution to light touch. Patient's medications include gabapentin 300mg QID, Lortab 10/500mg q4-6h PRN for pain, Prilosec 20mg BID and terocin noted as far back as March 2013. He was also prescribed with Genicin 500mg TID and Flurbi (NAP) cream as noted on March 21, 2013 progress report. A progress report dated June 21, 2013 patient complaints of recurrence of low back pain radiating to both lower extremities for which Lortab was taken, however did not provide pain relief. Lyrica 75mg BID and Anaprox 550mg BID were then added to pain medications on November 22, 2013. Patient states that Lyrica dampens neuropathic pain but causes severe fatigue.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, Pages 18-19, 49, 113.

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

Decision rationale: As stated on page 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses while those with 30% reduction may consider another or additional agent. In this case, the patient has been using Gabapentin as far back as March 2013. The patient has neurological deficit findings in the motor component of the bilateral upper extremities and right lower extremity and sensory component deficit of the right L5-S1 distribution. However, specific functional gains or analgesia were not documented such as improved ability to perform activities of daily living. Therefore, the request for Gabapentin 600mg #60 is not medically necessary and appropriate.

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Nsaids, Gi Symptoms & Cardiovascular Risk, page 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §9792.24.2, Page(s): 68.

Decision rationale: Prilosec is a brand name for the proton pump inhibitor Omeprazole. As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patient's who are at high risk for gastrointestinal events. In this case, Prilosec was prescribed as far back as March 2013. Recent progress notes did not indicate the patient having a high risk for gastrointestinal events nor were there any complaints of GI upset. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Prilosec 20mg BID #60 is not medically necessary and appropriate.