

Case Number:	CM14-0000105		
Date Assigned:	01/10/2014	Date of Injury:	08/06/2012
Decision Date:	06/05/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/31/2013

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 and Rehabilitation, and is licensed to practice in Illinois. 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 is a 73 year old male who sustained a work-related injury on 8/6/12. The mechanism of injury is not provided in the clinical documentation. The clinical note dated 10/8/13 reported that the injured worker complained of low back, buttocks, right hip, right leg, bilateral shoulder, and left upper extremity pain. Per physical examination, there was tenderness to the right SI joint area, and diagnostic impression showed lumbosacral sprain/strain with lumbar spine degenerative changes particularly to L4-5. The injured worker's diagnoses included bilateral lumbosacral strain, right shoulder pain, question right shoulder rotator cuff tear, and right hip pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: According to the California MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be

considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The clinical information provided describes the location of the patient's pain; however, there is a lack of information in regards to the onset, duration, medications used to relieve pain, and effectiveness of pain medication. Also, there is a lack of evidence on the longevity of NSAID usage. In addition, there is not a quantity on the request. As such, the request is not medically necessary.

OMEPRAZOLE 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The clinical information noted that the injured worker had acid reflux and possible sleep apnea, which was being treated with Effexor. According to the California MTUS guidelines, patients at intermediate risk for gastrointestinal events may be prescribed a proton pump inhibitor (PPI), such as Omeprazole. However, long term PPI use (over a year) has been shown to increase the risk of hip fracture. Apart from this, there is no evidence to show that the current treatment of the patient's acid reflux is ineffective. Finally, there is no quantity on the request. As such, the request is not medically necessary.

NEURONTIN 40 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17. Decision based on Non-MTUS Citation FDA regulations.

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

Decision rationale: Based on the medical records provided for review, the injured worker is status-post left ulnar nerve transposition and left carpal tunnel surgery as of 6/10/13. An exam report dated 10/9/13 stated that the injured worker's decreased sensation and numbness is all but gone in both the ulnar and median nerve distributions of his left hand. He has full range of motion, and increased grip strength with marked improved sensation. According to the California MTUS guidelines Neurontin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. There is a lack of clinical information to suggest that the improvement of sensation could partially be contributed to the use of Neurontin. The marked improvement is likely due to being status-post left carpal tunnel release and left transposition of the ulnar nerve. In addition, there is not a quantity on the request. As such, the request is not medically necessary.