

Case Number:	CM14-0001804		
Date Assigned:	01/22/2014	Date of Injury:	01/20/2010
Decision Date:	04/30/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 1/20/10. A utilization review determination dated 12/24/13 recommends non-certification of Adderall, one year lease of Jeep Grand Cherokee, and computerized pressure seat mapping and custom seat cushion. Pantoprazole 40 mg was modified from #240 to 90 and gabapentin #600 mg was modified from #1400 to #540. 1/31/14 medical report identifies that a one year lease of a Jeep Grand Cherokee is recommended as the patient has trialed many vehicles to find one manageable for his back, abdomen, and lower extremities. He has bilateral sacroiliac and pyriformis pain and spasms and sciatica with sitting in a variety of positions and the Jeep is the one that has the best seat adjustments and he can get the most comfortable. Note the patient is s/p multiple gunshot wounds with multiple neuropathies as well as recurring bowel obstructions from multiple surgeries, and the result is a need for comfortable, ergonomic, and usable equipment, pads, etc. Regarding stimulant medications, the provider notes that they are discussed in ODG as options to offset the sedative effects of other medications, they help improve mood and energy, and double as an appetite suppressant. He notes that the request overlaps with Nuvigil and the patient is utilizing opioids, gabapentin, etc., and is also having depressive effects. Regarding the customized seat cushion, he notes that the seat is one of the major limiters in how far he can drive and the reviewing physician modified the request to certify trying various OTC cushions. The provider notes that significant money and time can be wasted trying a variety of cushions and probably fall short when there is technology to provide an optimal device. 2/3/14 utilization review notes that a request for purchase of a Jeep Cherokee was non-certified, but an OT assessment regarding what is necessary to accommodate the patient in the present vehicle was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTERIZED PRESSURE SEAT MAPPING AND CUSTOM SEAT CUSHION:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS and ODG do not address the issue at dispute and based his/her decision on documentation received and expert opinion

Decision rationale: Regarding the request for Computerized Pressure Seat Mapping and Custom Seat Cushion, California MTUS and ODG do not address the issue. Within the documentation available for review, the provider notes that the seat is one of the major limiters in how far the patient can drive that significant money and time can be wasted trying a variety of cushions and probably fall short when there is technology to provide an optimal device. However, it should also be noted than an OT assessment regarding what is necessary to accommodate the patient in the present vehicle was recently certified, and it would be reasonable to allow for that assessment before consideration for this request since it may be possible to accommodate the patient in his current vehicle, but it cannot be predicted prior to the assessment whether or not this type of custom device will be most appropriate. In light of the above issues, the currently requested Computerized Pressure Seat Mapping and Custom Seat Cushion is not medically necessary.

ONE YEAR LEASE OF JEEP GRAND CHEROKEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS and ODG do not address the issue at dispute and based his/her decision on documentation received and expert opinion

Decision rationale: Regarding the request for one year lease of Jeep Grand Cherokee, California MTUS and ODG do not address the issue. Within the documentation available for review, the provider recommends this vehicle since the patient has trialed many vehicles to find one manageable for his back, abdomen, and lower extremities. He has bilateral sacroiliac and piriformis pain and spasms and sciatica with sitting in a variety of positions and the Jeep is the one that has the best seat adjustments and he can get the most comfortable. However, it should also be noted than an OT assessment regarding what is necessary to accommodate the patient in the present vehicle was recently certified, and it would be reasonable to allow for that assessment before consideration for another vehicle is made since it may be possible to accommodate the patient in his current vehicle. In light of the above issues, the currently requested one year lease of Jeep Grand Cherokee is not medically necessary.

ADDERALL 5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/adderall.html>

Decision rationale: Regarding the request for Adderall, California MTUS and ODG do not address the issue. FDA indications for this medication are attention deficit hyperactivity disorder (ADHD) and narcolepsy. Within the documentation available for review, there is no documentation of ADHD or narcolepsy. It appears that the request is made to counteract the sedation from opioids; however, there is no rationale for its use in place of other supported medications such as armodafinil, which is supported after first considering reducing excessive narcotic prescribing. Furthermore, the documentation does not identify efficacy from prior use. In light of the above issues, the currently requested Adderall is not medically necessary.

GABAPENTIN 600MG #1400: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for gabapentin 600mg #1400, CA MTUS Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is documentation of neuropathic pain secondary to multiple gunshot wounds. Given the extent of the patient's injuries, the use of a medication of this type may be appropriate but, as with any medication, there should be regular reevaluation of efficacy and continued need, and a prescription for #1400 is not consistent with that. It is noted that utilization review previously modified the medication to #540. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested gabapentin 600mg #1400 is not medically necessary.

PANTOPRAZOLE 40 MG #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for pantoprazole 40 mg #240, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and Aciphex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use or a risk for gastrointestinal events with NSAID use. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). Given the extent of the patient's injuries and the amount of medication utilized, the use of a medication of this type may be appropriate but, as with any medication, there should be regular reevaluation of efficacy and continued need, and a prescription for approximately 8 months is not consistent with that. It is noted that utilization review previously modified the medication to #90. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested pantoprazole 40 mg #240 is not medically necessary.