

Case Number:	CM14-0003151		
Date Assigned:	01/31/2014	Date of Injury:	10/03/2007
Decision Date:	07/10/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/09/2014

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 Texas and Oklahoma. 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 66-year-old who reported an injury on October 3, 2007. The mechanism of injury was not specifically stated. Current diagnoses include chronic low back pain with left lower extremity radiculopathy, status post L4-S1 anterior and posterior revision fusion with spondylolisthesis and pseudoarthrosis, and history of cauda equina syndrome. The injured worker was evaluated on September 23, 2013. The injured worker reported persistent lower back pain with radiation into the lower left extremity. Current medications include Norco 10/325 mg and gabapentin 600 mg. The injured worker noted a 50% improvement in symptoms with the use of the current medication regimen. Physical examination revealed tenderness to palpation of the right shoulder, restricted right shoulder range of motion, moderate bilateral lumbar paraspinous tenderness, minimal muscle spasm, positive straight leg raising bilaterally, weakness in the bilateral lower extremities and reduced sensation in bilateral lower extremities in the L5-S1 dermatome. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 20 MG QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state antiepilepsy drugs are recommended for neuropathic pain. The injured worker has utilized Neurontin since May of 2013. Despite ongoing use of this medication, there is no evidence of objective functional improvement. The injured worker continues to report persistent lower back pain with radiation into the bilateral lower extremities. Additionally, there is also no frequency listed in the current request. The current prescription noted on the Physician's Progress Report dated September 23, 2013 is for Neurontin 600 mg. Therefore, the current request for Neurontin 20 mg is not medically appropriate. The request for Neurontin 20 mg, sixty count, is not medically necessary or appropriate.

PRILOSEC 20 MG QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS NON STEROIDAL ANTI INFLAMMATORY DRUGS.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitors, even in addition to a nonselective NSAIDs (non-steroidal anti-inflammatory drugs). There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. The request for Prilosec 20 mg, sixty count, is not medically necessary or appropriate.