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| Case Number: | CM14-0007588 | | |
| Date Assigned: | 02/10/2014 | Date of Injury: | 05/28/2012 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 Internal 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 is a 72-year-old female who has submitted a claim for back compression fracture, multiple rib fractures, right shoulder fracture and right rotator cuff tear associated with an industrial injury date of 5/8/12. Medical records from 1/31/13 to 2/3/14 were reviewed and showed that patient complained of low back pain rated 8/10 which was reduced to 3-4/10 with pain medications. The patient also complained of right shoulder pain graded 7/10 which was aggravated with abduction. Prolonged driving and walking aggravated the low back pain. Physical examination revealed tenderness over the lumbosacral spine and right shoulder. Bilateral lower extremities' stiffness with decreased range of motion was noted. There was tenderness noted over the right shoulder. An x-ray of the right shoulder dated 10/28/13 revealed hypertrophic arthritis in the acromioclavicular joint. Treatment to date has included rotator cuff repair of the right shoulder as of 8/20/12, ultrasound guided epidural injection to the right shoulder as of 1/10/13, physical therapy, Opana, Norco, Gabapentin, Ibuprofen, MS Contin, and Senna.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #210 with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: According to pages 16-19 of the California MTUS Chronic Pain Treatment Guidelines, Gabapentin has been considered as a first-line treatment for neuropathic pain. The patient should be asked at each visit as to whether there has been a change in pain or function. In this case, the patient has been prescribed gabapentin 200 mg since 9/17/13 and gabapentin 100 mg since 11/29/13. There has been significant decrease in pain resulting to functional improvement based on the medical records. There was no documented adverse reaction with gabapentin use. As such, the request is medically necessary.

Omeprazole 40mg #30 with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to page 68 of the California MTUS Chronic Pain Treatment Guidelines, clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Risk factors for gastrointestinal events include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients with intermediate risk factors should be prescribed proton pump inhibitors. In this case, the patient is a 72-year old male who was prescribed both NSAIDs and opioids for pain relief. The patient meets guideline criteria. As such, the request is medically necessary.