

<b>Case Number:</b>	CM14-0009360		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Orthopedic Medicine, and is licensed to practice in Texas. 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 46-year-old who sustained an injury on March 31, 2003. The mechanism of injury was not described in the clinical records. The injured worker has been followed for complaints of multiple conditions including neck pain, upper back pain, right shoulder, and right elbow pain. The injured worker has been followed for chronic pain in the cervical spine with radiating pain through the right upper extremity and right shoulder. This has contributed to minimal ability to function due to pain. The injured worker has been followed by [REDACTED] for pain management. On November 13, 2013, the injured worker was noted to have previous surgeries for the right shoulder to include a biceps tendon release as well as decompression and capsular releases. The injured worker also had manipulation under anesthesia. The injured worker had not worked since 2003 and limited ability to perform activities of daily living. On physical examination, there was tenderness to palpation along the trapezius and cervical musculature. Weakness with resistance was noted in the right upper extremity. There was loss of range of motion with rotation to the right as well as extension and flexion. At this visit, the injured worker was recommended to continue with Naproxen 550mg, Neurontin 600mg, as well as Protonix 20mg due to stomach irritation from the use of antiinflammatories. Flexeril 7.5mg was also recommended. Follow up with [REDACTED] on December 11, 2013 noted pain was decreased with the use of Tylenol 4 to 5/10 on the VAS from 8. The injured worker did report improved function with the ability to perform more activities of daily living. The injured worker did report continued numbness and tingling in the right upper extremity as well as the bilateral hands. Physical examination noted limited range of motion in the right shoulder on abduction to 90 degrees. Neurontin and Flexeril were continued at this evaluation to address neuropathic symptoms and muscular spasms. The injured worker was also recommended to continue with Fioricet to address headaches. Protonix was continued at this visit as well as Tylenol 3. Follow

up on January 15, 2014 noted no significant changes in regards to the injured worker's multiple complaints. The injured worker continued to report persistent right shoulder pain. Physical examination findings remained unchanged. The injured worker was continued on Tylenol 4, Fioricet, Gabapentin, and Prilosec as well as Naproxen at this visit. The requested retrospective Protonix 20mg provided December 11, 2013, quantity 60, Protonix 20mg, quantity 60, retrospective Gabapentin 600mg prescribed December 11, 2013, quantity 90, and Gabapentin 600mg, quantity 90 were all denied by utilization review on 12/24/13.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RETROSPECTIVE PROTONIX 20 MG TABLETS (DISPENSED 12/11/13) #60.00:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, GASTROINTESTINAL SYMPTOMS & CARDIOVASCULAR RISK,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

**Decision rationale:** In regards to the retrospective use of Protonix 20mg prescribed on December 11, 2013, quantity 60, this reviewer would have recommended this medication as medically necessary. The injured worker did present with gastrointestinal side effects from the use of antiinflammatories. This included gastrointestinal upset. Given the side effects from antiinflammatories which were noted to be beneficial in the clinical documentation, the quantity of 60 dispensed on December 11, 2013 would have been reasonable and medically appropriate for the injured worker's side effects. The request for Protonix 20 mg tablets, sixty count, provided on December 11, 2013, is medically necessary and appropriate.

#### **PROTONIX 20 MG TABLETS #60.00:** Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, GASTROINTESTINAL SYMPTOMS & CARDIOVASCULAR RISK,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

**Decision rationale:** In regards to the Protonix 20mg, quantity 60, this reviewer would have recommended this medication as medically necessary. The injured worker did present with gastrointestinal side effects from the use of antiinflammatories. This included gastrointestinal

upset. Given the side effects from antiinflammatories which were noted to be beneficial in the clinical documentation, the quantity of 60 dispensed on December 11, 2013 would have been reasonable and medically appropriate for the injured worker's side effects. The request for Protonix 20 mg tablets, sixty count, is medically necessary and appropriate.

**RETROSPECTIVE GABAPENTIN 600 MG TABLETS (DISPENSED 12/11/13) #90:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS,

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

**Decision rationale:** In regards to the retrospective use of Gabapentin 600mg prescribed on December 11, 2013, quantity 90, this reviewer would have recommended this medication as medically necessary. The injured worker has had persistent numbness and tingling symptoms in the left upper extremity. Per guidelines, Gabapentin is a recommended 1st line medication in the treatment of neuropathic pain. Given the injured worker's persistent complaints of neuropathic symptoms in the left upper extremity, the use of this medication would have been reasonable and medically appropriate. The request for Gabapentin 600mg tablets, ninety count, provided on December 11, 2013, is medically necessary and appropriate.

**GABAPENTIN 600 MG TABLETS #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS,

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

**Decision rationale:** In regards to Gabapentin 600mg, quantity 90, this reviewer would have recommended this medication as medically necessary. The injured worker has had persistent numbness and tingling symptoms in the left upper extremity. Per guidelines, Gabapentin is a recommended 1st line medication in the treatment of neuropathic pain. Given the injured worker's persistent complaints of neuropathic symptoms in the left upper extremity, the use of this medication would have been reasonable and medically appropriate. The request for Gabapentin 600mg tablets, ninety count, is medically necessary and appropriate.