

<b>Case Number:</b>	CM14-0100456		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Family 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:

This is a case of a 43-year-old female who has filed a claim for lumbar radiculopathy, lumbar neural foraminal stenosis, and annular tear at L4-L5, sacroiliitis, and lumbar facet arthropathy associated with an industrial injury date of 02/18/2014. Medical records from 2014 were reviewed and showed that she has pain in the low back, radiating into the buttocks and lower extremities related to a work injury. She states her pain is worse with activity and improves with rest and medication. She underwent a series of bilateral L4 transforaminal epidural steroid injection with some improvement for her lower extremities symptoms. She continues with back pain and pain radiating into bilateral buttocks. She states the pain is worse with standing, walking, or with sitting for extended length of time. She states the pain is constant. She describes the pain as a deep ache, burning pain in bilateral lumbar sacral region radiating to bilateral buttocks and into bilateral posterior thighs intermittently, achy pain in bilateral poster lateral lower leg. Currently, she rates her pain 10/10 on a pain rating scaling. The patient has undergone MRI evaluation of the lumbar spine showing facet arthropathy annular tear at L4-L5 with neural foraminal stenosis, as well as sacralization of L5. On physical examination, there was tenderness over the lumbar paraspinal muscles and facets bilaterally. She is tender over the bilateral sacroiliac joints and gluteal muscles. There is decreased range of motion in all planes of lumbar spine with pain increased on lumbar flexion and extension. Treatment to date has included epidural steroid injection, medications, physical therapy, and home exercises. Medications taken include Norco, Gralise (since February 2014), Lidocaine, Zipsor, Omeprazole (since February 2014), compound cream from IPS, Toradol injection, Gabapentin, acetaminophen, ibuprofen, Flexeril, baclofen, tramadol, Motrin, naproxen, PNV-ferrous fumarate-FA, hydrocodone/acetaminophen. Utilization review dated 06/18/2014 denied the request for omeprazole 20 mg x 2 refills because the clinical information submitted for review did not

provide any evidence the patient had risk factors necessitating the use of proton pump inhibitors. The request for gabapentin 100 mg x 2 refills was certified for pain.

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

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

**Gabapentin 100mg x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

**Decision rationale:** According to page 18-19 of the California MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It is also recommended as a trial for chronic neuropathic pain that is associated with spinal cord injury, fibromyalgia, and lumbar spinal stenosis. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. 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 still complains of pain in the low back, radiating into the buttocks and lower extremities. Gabapentin was restarted last 06/06/2014 for her radicular pain. However, there was no documentation of any change in pain or function in the latest progress reports. Furthermore, the request failed to specify the number of pills to be dispensed with each refill. With this, the clinical indication of continuing this medication has not been clearly established. Moreover, utilization review from 06/18/2014 has certified this request already. Therefore, the request for Gabapentin 100mg x 2 refills is not medically necessary.

**Omeprazole 20mg x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age >65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the patient was prescribed omeprazole for her GERD symptoms since February 2014. However, there is no documentation of history of peptic ulcer,

GI bleeding or perforation, recent use of ASA, steroids, or high dose NSAIDS. The submitted documents reveal use of NSAIDS in the past but failed to document NSAID use recently. There was also no documentation of any gastrointestinal symptoms. Furthermore, the request submitted failed to indicate the number of pills to be dispensed in each refill. With these, the clinical indication has not been clearly established. Therefore, the request for Omeprazole 20mg x 2 refills is not medically necessary.