

Case Number:	CM14-0107937		
Date Assigned:	08/01/2014	Date of Injury:	06/18/2013
Decision Date:	10/15/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 34-year-old male with a 6/18/13 date of injury. At the time (6/12/14) of the Decision for Gabapentin 2 tablets twice daily and Omeprazole 1 tablet daily, there is documentation of subjective (severe lumbar pain associated with moderate to severe muscle spasms) and objective (severe guarding to deep palpation, over the lumbar area associated with severe myofascial pain guarding and reproduced on deep palpation, decreased lumbar range of motion, muscle strength was 4/5) findings, current diagnoses (lumbar strain and sprain, lumbar paraspinal muscle spasms, lumbar disc herniations L4-5 and L5-S1, lumbar radiculitis and radiculopathy bilateral lower extremities, and right sacroiliac joint inflammation), and treatment to date (medication including Gabapentin and Omeprazole for at least 5 months). Regarding Gabapentin 2 tablets twice daily, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Gabapentin use to date. Regarding Omeprazole 1 tablet daily, there is no documentation of a risk for a gastrointestinal event.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 2 tablet twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar strain and sprain, lumbar paraspinal muscle spasms, lumbar disc herniations L4-5 and L5-S1, lumbar radiculitis and radiculopathy bilateral lower extremities, and right sacroiliac joint inflammation. In addition, there is documentation of neuropathic pain. However, given documentation of treatment with Gabapentin for at least 5 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 2 tablets twice daily is not medically necessary.

Omeprazole 1 tablet daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes ages greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of lumbar strain and sprain, lumbar paraspinal muscle spasms, lumbar disc herniations L4-5 and L5-S1, lumbar radiculitis and radiculopathy bilateral lower extremities, and right sacroiliac joint inflammation. However, there is no documentation of a risk for a gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 1 tablet daily is not medically necessary.