

Case Number:	CM14-0112897		
Date Assigned:	09/22/2014	Date of Injury:	12/10/2012
Decision Date:	10/30/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/18/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 33-year-old female who reported an injury on 12/10/2012. Mechanism of injury was not provided. The injured worker has the diagnoses of lumbar disc displacement with radiculopathy, lumbar spinal stenosis, lumbar facet syndrome, lumbar spine sprain/strain, cervical radiculopathy, cervical spine sprain/strain, shoulder rotator cuff syndrome, shoulder derangement, shoulder sprain/strain, carpal sprain/strain. Past treatment included medications, chiropractic and physical therapy. Diagnostic testing included EMG/NCS on 06/18/2013, MRI of lumbar spine on 01/17/2013, MRI of left shoulder on 02/08/2013, and an MRI of cervical spine on 02/08/2013. Surgical history was not provided. The injured worker complained of low back dull and aching pain, rated at 9/10 on the visual analog scale without medications and a 7/10 with medications on 02/04/2014. The injured worker also complained of neck dull and aching pain with associated headaches, and left shoulder dull and aching pain rated at 4/10 on the pain scale without medications and 1/10 with medications. The physical examination of cervical spine revealed nuchal tenderness is palpable bilaterally and tenderness and myospasm palpable over bilateral paracervical muscles and bilateral trapezius muscles. There was decreased cervical range of motion in all planes due to end range neck pain. In addition tenderness and myospasms were palpable over bilateral paralumbar muscles and tenderness was also palpable in the sciatic notches. The straight leg raise test was bilaterally positive, causing low back pain radiating to posterior thigh upon 45 degrees of right or left leg raising, and Bragard's test was also bilaterally positive. Medications were not included. The treatment plan is for prospective use of gabapentin cream, prospective use of ibuprofen 800 mg, and prospective use Prilosec/omeprazole 20 mg. The provider stated the use of omeprazole is as a prophylactic gastro protectant used in conjunction with Naproxen and other medications per office note dated 02/04/2014. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Gabapentin cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request for Prospective use of Gabapentin cream is not medically necessary. The injured worker complained low back dull aching pain, neck dull and aching pain with associated headaches, and left shoulder dull aching pain. The clinical note dated 02/04/2014 noted the physician recommended GabaKetoLido cream; however, the submitted request only states "Gabapentin cream". The California (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. The guidelines also state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend Gabapentin as a topical analgesic. There is lack of documentation the injured worker has been treated with first line therapy. The guidelines do not recommend the use of Gabapentin for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request is not medically necessary.

Prospective use of Ibuprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The request for Ibuprofen 800mg is not medically necessary. The California MTUS guidelines recommend the use of NSAIDs as an option for short-term symptomatic relief of chronic low back pain. The guidelines state NSAIDs are generally recommend at the lowest dose for the shortest period of time. There is a lack of documentation of a measured assessment of the injured worker's pain level. The requesting physician's rationale for the request is not indicated within the provided documentation. The guidelines recommend NSAIDs for short-term treatment. Additionally, the request does not indicate the frequency at which the medication is prescribed. Therefore the request for Ibuprofen 800mg is not medically necessary.

Prospective use of Prilosec/ Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request is for Prospective use of Prilosec/ Omeprazole 20mg is not medically necessary. The provider recommended using omeprazole as a prophylactic gastro protectant used in conjunction with Naproxen and other medications. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is a lack of documentation indicating that the injured worker has a history of gastrointestinal bleed, perforation, or peptic ulcers. The injured worker is prescribed an NSAID medication; however, there is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms related to the medication. There is a lack of documentation indicating the injured worker has significant improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed. Therefore the request is not medically necessary.