

Case Number:	CM14-0116699		
Date Assigned:	08/04/2014	Date of Injury:	06/14/1991
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 58-year-old female with a reported date of injury of 06/14/1991. The injury reportedly occurred when the injured worker was lifting a heavy dog. Her diagnoses were noted to include chronic low back pain with degenerative changes versus radiculopathy. Her previous treatments were noted to include chiropractic care, work hardening, TENS unit, acupuncture, and medication. The progress note dated 07/21/2014 revealed the injured worker complained of low back pain and reported it being worse with more pain radiating down both legs with occasional paresthesia in both feet. The injured worker indicated she had been taking Gabapentin which had been helping to decrease the symptoms. The injured worker indicated the Ibuprofen had been tapered as directed when her symptoms were better and increased the medication as directed when her symptoms flared. The injured worker indicated she had continued to take the Omeprazole and Sucralfate as prescribed as needed to control the gastroesophageal reflux disease (GERD) that came on secondary to Ibuprofen. The physical examination revealed mild tightness with some decrease in range of motion due to pain at the limits. There was a negative straight leg raise test noted. The progress note dated 08/11/2014 revealed the injured worker had been compliant with her medications and was able to perform her home exercise program and regular aerobic exercise which helped to control her back symptoms. The injured worker indicated the gastroesophageal reflux disease increased with Ibuprofen use and decreased with Omeprazole and Sucralfate. The physical examination was not submitted within the medical records. The request for authorization form was not submitted within the medical records. The request was for 100 Omeprazole 20 mg and 200 Sucralfate 1 gm for gastroesophageal reflux disease and 200 Gabapentin 100 mg for radiating pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California MTUS Chronic Pain Medical Treatment Guidelines indicate physicians should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant or high dose/multiple NSAIDs. The injured worker indicated she developed gastroesophageal reflux disease with the utilization of Ibuprofen and the Omeprazole worked well to relieve symptoms. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Omeprazole 20mg #100 is not medically necessary.

Sucralfate1G #200: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse -Sucralfate for low back pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California MTUS Chronic Pain Medical Treatment Guidelines indicate physicians should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant or high dose/multiple NSAIDs. The injured worker indicated she developed gastroesophageal reflux disease with the utilization of Ibuprofen and the Sucralfate worked well to relieve symptoms. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Sucralfate1G #200 is not medically necessary.

Gabapentin 100mg #200: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California MTUS Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogenous etiologies, symptoms, physical signs and mechanisms. Most randomized control trials for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy. There are a few random control trials directed at central pain and not for painful radiculopathy. Gabapentin has been considered as a first line treatment for neuropathic pain. The injured worker indicated the gabapentin had been helping to decrease the radiating pain symptoms to her bilateral legs. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Gabapentin 100mg is not medically necessary.

Ibuprofen 800mg #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California MTUS Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines recommend it as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs for short-term symptomatic relief of chronic low back pain. A review of literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs, such as acetaminophen, narcotic analgesics, and muscle relaxants. The injured worker indicated the ibuprofen seemed to control her low back pain; however, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Ibuprofen 800mg #200 is not medically necessary.