

Case Number:	CM14-0150254		
Date Assigned:	09/18/2014	Date of Injury:	06/24/2001
Decision Date:	10/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/15/2014

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 Preventive 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:

According to the records made available for review, this is a 40-year-old male with a 6/24/01 date of injury. At the time (8/12/14) of request for authorization for Prilosec 20mg, Gabapentin 300mg, and Cyclobenzaprine 10mg, there is documentation of subjective (lumbar spine pain that is aching, tingling, numbing, burning, and radiating to bilateral lower extremities and muscle weakness) and objective (bilateral paravertebral lumbar spine and sacroiliac joint tenderness) findings, current diagnoses (lumbago, lumbar facet joint pain, sacroiliac joint pain, lumbar neuritis, and chronic pain syndrome), and treatment to date (medications (including ongoing treatment with Hydrocodone, Cyclobenzaprine since at least 5/29/14, Gabapentin, Amitriptyline, Omeprazole, and compounded cream)). Medical report identifies that pain is reduced by 50% with medications, allowing the patient to be functional in activities of daily living, and that the patient is stable on current medication management. Regarding Prilosec, there is no documentation of risk for gastrointestinal event. Regarding Cyclobenzaprine, there is no documentation of acute exacerbations of chronic low back pain and an intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): , page(s) 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 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. 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. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole (Prilosec). Within the medical information available for review, there is documentation of diagnoses of lumbago, lumbar facet joint pain, sacroiliac joint pain, lumbar neuritis, and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Prilosec. However, there is no documentation of risk for gastrointestinal event D. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg is not medically necessary.

Gabapentin 300mg: Overturned

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

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

Decision rationale: 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 diagnosis of lumbago, lumbar facet joint pain, sacroiliac joint pain, lumbar neuritis, and chronic pain syndrome. In addition, there is documentation of neuropathic pain and ongoing treatment of Gabapentin. Furthermore, given documentation that pain is reduced by 50% with medications allowing the patient to be functional in activities of daily living, there is documentation of functional benefit and an increase in activity tolerance as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 300mg is medically necessary.

Cyclobenzaprine 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Cyclobenzaprine (Flexeril), Page(s): page(s) 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. 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. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbago, lumbar facet joint pain, sacroiliac joint pain, lumbar neuritis, and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Cyclobenzaprine and it is used as a second line option. Furthermore, given documentation that pain is reduced by 50% with medications allowing the patient to be functional in activities of daily living, there is documentation of functional benefit and an increase in activity tolerance as a result of Cyclobenzaprine use to date. However, there is no documentation of acute muscle spasm or acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 5/29/14, there is no documentation of an intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 10mg is not medically necessary.