

Case Number:	CM14-0150877		
Date Assigned:	10/15/2014	Date of Injury:	10/20/2003
Decision Date:	11/18/2014	UR Denial Date:	08/11/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient is a 70 year old male who was injured on 10/20/2003. The diagnoses are low back and bilateral lower extremities pain. The past surgery history is significant is significant for lumbar laminectomies and fusion surgeries. The patient completed physical therapy and a home exercise program. There is a functioning spinal cord stimulator in situ. [REDACTED] noted that the patient reported significant pain relief and functional restoration with the use of pain medications and the spinal cord stimulator. The current medications are Gabapentin and Norco for pain. The patient was noted to be utilizing Celebrex in June 2014. The UDS was reported to be consistent on 6/27/2014. A Utilization Review determination was rendered on 8/11/2014 recommending non certification for Omeprazole 20mg #30, modified certification for Gabapentin 600 mg #90 to #45 and Norco 10/325mg #60 to #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 16-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic pain. The records indicate that the patient was diagnosed with lumbar radiculopathy, a neuropathic pain state secondary to lumbar laminectomy and fusion. The patient reported pain relief with the use of the medication. There are no reported side effects. The criterion for the use of Gabapentin 600 mg tid #90 was met.

Norco 10/325 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the maintenance treatment of persistent severe chronic musculoskeletal pain after treatment with non-opioid medications, physical therapy, and surgical option and have been completed. The records indicate that the patient completed multiple lumbar spine surgeries and physical therapy. There is documented pain relief and functional restoration with the use of the medications. There is no medication adverse effects or aberrant drugs behaviors reported. The UDS was reported as consistent. The criterion for Norco 10/325 mg #60 was met.

Omeprazole 20 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of medications induced gastrointestinal complications. The records indicate that the patient is at a high risk for the development of gastritis because he is 70 years of age. The records did show that the patient was utilizing Celebrex. The criteria for the use of omeprazole 20mg #30 was met.