

Case Number:	CM14-0157484		
Date Assigned:	09/30/2014	Date of Injury:	09/01/2012
Decision Date:	12/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 55-year old female who sustained an industrial injury on 09/01/12 while taking large containers to a store to fill them with water. The current diagnoses were tenosynovitis of both shoulders, lumbar sprain/strain with muscle guarding, patellofemoral arthritis of both knees and possible carpal tunnel syndrome. Evaluation included an MRI of right shoulder that showed rotator cuff tear, an MRI of left shoulder that showed rotator cuff tear and degenerative changes in the AC joint, an MRI of lumbar spine that showed bulging disk at L4-L5 and L5-S1 with nerve root compression, an MRI of cervical spine that showed bulging disc at C5-6 with compression of nerve root at C5-C6. She had an MRI of knee that showed torn meniscus, MRI of both shoulders that showed rotator cuff tear bilaterally. The progress note from 08/04/14 was reviewed. Her subjective complaints included bilateral shoulder pain, left knee pain, neck pain and low back pain. Her medications included Zolpidem, Trazodone, Gabapentin, Naprosyn and Omeprazole. Pertinent examination findings included spasm of bilateral trapezius muscles, limited flexion and extension of neck, right shoulder crepitus, positive Hawkin's maneuver, positive McMurray's sign of left shoulder, positive drawer sign on left knee and positive McMurray's sign. Impressions included right shoulder disruption, left knee disruption, cervical and lumbar discogenic disease and left shoulder internal disruption. Urine drug screen from 08/04/14 was consistent with Amitriptyline, Gabapentin and Trazodone use. The request was for Gabapentin, Naproxen and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Gabapentin 300mg qty: 60.00 x2 DOS: 08/04/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: The employee was being treated for tenosynovitis of both shoulders, lumbar sprain/strain with muscle guarding, patellofemoral arthritis of both knees and possible carpal tunnel syndrome. Symptoms were neck pain, shoulder pain, low back pain and knee pain. The request was for Gabapentin, Naproxen and Omeprazole. According to MTUS, Gabapentin has been recommended as a treatment for neuropathic pain. The employee had shoulder rotator cuff tear, lumbar disc disease and cervical disc disease. She had neck pain, low back pain and shoulder pain without radiculopathy symptoms. There is no documentation of neuropathy that would necessitate anti-epilepsy drugs like Gabapentin. The request for Gabapentin is not medically necessary or appropriate.

Retro: Naproxen 550mg qty: 60.00 x2 DOS: 08/04/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

Decision rationale: The employee was being treated for tenosynovitis of both shoulders, lumbar sprain/strain with muscle guarding, patellofemoral arthritis of both knees and possible carpal tunnel syndrome. Her medications included Zolpidem, Trazodone, Gabapentin, Naprosyn and Omeprazole. The request was for Gabapentin, Naproxen and Omeprazole. The MTUS, Chronic Pain Medical Treatment Guidelines, recommend NSAIDs at the lowest dose for the shortest period in employees with moderate to severe pain. There is a recommendation to measure liver transaminases and to measure blood pressure routinely. The employee had multiple joint pain including shoulders, knee, neck and low back. She had borderline elevation of blood pressure during her prior visits and she was noted to have a blood pressure of 123/73 during her visit in August 2014. Otherwise no side effects were noted. Given the ongoing pain, NSAID use with improved pain and no significant adverse effects, the request for Naproxen is medically necessary and appropriate.

Retro: Omeprazole 20mg qty: 60.00 x2 DOS: 08/04/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors (PPIs).

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

Decision rationale: Employee was being treated for cervical, lumbar disc disease, knee pain and also for shoulder pain. The request is for Omeprazole which is a proton pump inhibitor. According to the chronic pain guidelines, proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia. In addition proton pump inhibitors can be used as a prophylaxis for patients with underlying cardiovascular disease and with high risk factors for gastrointestinal events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose multiple NSAID use. The limited information given in this case suggests that the employee was probably being given the proton pump inhibitor for protective purposes without actual symptoms of dyspepsia. In addition there was no documentation that she is on multiple NSAIDs in conjunction with corticosteroids or anticoagulants and she is also younger than 65 years of age without any documented cardiovascular history. Request for Omeprazole is not medically necessary and appropriate.