

Case Number:	CM14-0161540		
Date Assigned:	10/07/2014	Date of Injury:	11/03/2011
Decision Date:	11/28/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 and 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 53-year-old female who reported an injury on 11/03/2011. The mechanism of injury was not provided. Diagnoses included right neck, shoulder, and upper extremity strain, impingement of the right shoulder, and upper back and lumbar strain. Past treatments included acupuncture, physical therapy, cervical medial branch block, TENS, and medications. Diagnostic studies included an unofficial MRI of the right shoulder on 04/24/2012, which reportedly revealed biceps tenosynovitis, mild tendinopathy, and suspected ganglion cyst. Surgical history was not provided. The clinical note dated 09/04/2014 indicated the injured worker complained of pain rated 3/10 with medications and 5/10 without medications. She reported poor quality of sleep, and activity level that remained the same. The physical exam revealed decreased range of motion of the cervical spine with trigger points, tenderness to palpation of the right shoulder, positive right shoulder Hawkins test, and motor strength rated 4/5 for right shoulder external rotation. Current medications included Voltaren 1% gel, Ultram 50 mg, Ambien 10 mg, Protonix 20 mg, Motrin 800 mg, gabapentin 100 mg, and Zoloft 50 mg. The treatment plan included gabapentin 100 mg quantity 60 and Protonix 20 mg quantity 30. The rationale for the treatment plan included treatment of neuropathic pain and GI upset secondary to ibuprofen. The Request for Authorization form was completed on 09/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg Qty: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The California MTUS guidelines indicate that gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The clinical note dated 09/04/2014 indicated the injured worker complained of pain rated 3/10 with medications and 5/10 without medications. The physical exam revealed decreased range of motion of the cervical spine, trigger points of the cervical spine, positive right shoulder Hawkins test, and motor strength rated 4/5 for the right shoulder external rotation. The injured worker had been taking the requested medication since at least 09/2013. There is a lack of documentation of the efficacy of the requested medication including significant quantified pain relief and functional improvement. Additionally, there is a lack of documentation to support the diagnosis of neuropathy. The request also does not indicate the frequency for taking the medication. Therefore, the treatment plan cannot be supported at this time, and the request for gabapentin 100mg quantity 60 is not medically necessary.

Protonix 20mg Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The California MTUS Guidelines indicate that patients are at risk for a gastrointestinal event if they are over the age of 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or are on high dose/multiple NSAIDs. For patients with no risk factor and no cardiovascular disease, nonselective NSAIDs are recommended. The injured worker had been taking the requested medication since at least 09/2013. There is a lack of clinical documentation that the injured worker had a history of, or was at risk for, a gastrointestinal event. There is also a lack of documentation of subjective complaints of gastrointestinal upset. The request does not indicate the frequency for taking the medication. Therefore, the treatment plan cannot be supported at this time, and the request for Protonix 20mg quantity 30 is not medically necessary.