

<b>Case Number:</b>	CM14-0171082		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Management and is licensed to practice in Tennessee. 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:

This is a 45-year-old female with a 2/25/13 date of injury. The mechanism of injury occurred when someone removed the stool where she was working and she fell. According to a progress report dated 9/15/14, an Agreed Medical Examination indicated the patient probably needs cervical surgery. She reported that she was in significant discomfort. NSAID use has been helpful and relieves some of her pain throughout the day. It has reduced her pain level by 50% and has improved her function. The omeprazole helped with her reflux symptoms. She was also taking tramadol and gabapentin to reduce the neuroleptic symptoms. Objective findings: significant motion limitations of cervical spine, positive side bend findings suggestive of nerve root impingement on the left, positive Spurling's indicating bilateral upper extremity nerve root irritation, left shoulder has signs of impingement. Diagnostic impression: left shoulder rotator cuff tears, cervical nerve root impingement at C5 and C6, severe bilateral carpal tunnel syndrome and left ulnar neuropathy at elbow. Treatment to date included medication management, activity modification, and cervical ESI.A UR decision dated 10/1/14 denied the requests for omeprazole and fenoprofen and modified the requests for tramadol and gabapentin to a 1-month supply for weaning purposes. Regarding omeprazole, there are no red flags and/or significant positive objective orthopedic/neurologic findings, specifically orthopedic/neurologic/GI complaints/signs to support this request. Regarding tramadol, there was no detailed report available indicating the need for use of opiate pain medications. Regarding gabapentin, there are no red flags and/or significant positive objective orthopedic/neurologic findings to support this request. There is no documentation that claimant has issues with seizure or neuropathic pain. Regarding Fenoprofen, there were no detailed reports available indicating the need for use of NSAIDS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 22, 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the present case, this patient's medication regimen consists of the NSAID, fenoprofen. Guidelines support the use of omeprazole for prophylaxis from NSAID-induced gastritis. Therefore, the request for Omeprazole 20mg #60 is medically necessary.

**Tramadol 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol 150mg #60 is not medically necessary.

**Gabapentin 600mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs, Gabapentin (Neurontin) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs; Gabapentin Page(s): 16-18,49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, in the present case, there is documentation of nerve root impingement and bilateral upper extremity nerve root irritation on physical examination. In addition, the patient has a diagnosis of left ulnar neuropathy at the elbow. Guidelines support the use of gabapentin as a first-line agent for neuropathic conditions. Therefore, the request for Gabapentin 600mg #60 is medically necessary.

**Fenoprofen 400mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS

**Decision rationale:** CCA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the present case, there is documentation that NSAID use has been helpful and relieves some of her pain throughout the day. In addition, it has reduced her pain level by 50% and has improved her function. Guidelines support the continued use of NSAIDS with documented functional improvement and pain relief. Therefore, the request for Fenoprofen 400mg #90 is medically necessary.