

Case Number:	CM14-0020665		
Date Assigned:	05/05/2014	Date of Injury:	04/11/2008
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 25-year-old female who reported an injury after she fell on 04/11/2008. The clinical note dated 01/13/2014 indicated diagnoses of depression, headache, and anxiety. The injured worker reported headaches; however, she was taking her medication as directed to include psychiatric medications. The injured worker reported stress and anxiety. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Tramadol, Soma, Maxalt, Valium, Allegra, Colace, Lexapro, Zofran, Ortho-Cyclen, Zantac and Prilosec. The provider submitted request for Gabapentin 600 mg between, 30 tablets of Zofran 8 mg and Protonix 20 mg. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 CAPSULES OF GABAPENTIN 600 MG BETWEEN 2/11/2014 AND 3/28/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

Decision rationale: The request for 60 capsules of Gabapentin 600 mg is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend Gabapentin for neuropathic pain and postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). The guidelines also state a good response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. There is lack of evidence in the documentation submitted to indicate the injured worker had findings that would support she was at risk for postherpetic neuralgia. In addition, there was a lack of evidence in the documentation of neuropathic pain. Furthermore, the request did not provide frequency for the medication. Therefore, the request for 60 capsules of Gabapentin 600 mg is not medically necessary.

30 TABLETS OF ZOFRAN 8 MG BETWEEN 2/11/2014 AND 3/28/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea).

Decision rationale: The request for 30 tablets of Zofran 8 mg is not medically necessary. The Official Disability Guidelines (ODG) state Zofran is FDA- approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The Guidelines indicate Zofran is for nausea and vomiting secondary to chemotherapy and radiation treatment. The documentation submitted did not indicate the injured worker was receiving chemotherapy or radiation treatment. The guidelines also state Zofran is approved for postoperative use. Additionally, there is lack of documentation of efficacy and functional improvement with medication use. There is lack of evidence that the injured worker recently had surgery. In addition, the guidelines state Zofran can be used for gastroenteritis. However, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastroenteritis. Furthermore, the request did not provide a frequency for the medication. Therefore, the request for 30 tablets of Zofran 8 mg is not medically necessary or appropriate.

PROTONIX 20 MG BETWEEN 2/11/2014 AND 3/28/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The request for Protonix 20mg is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on NSAIDs. There is no evidence in the documentation provided of a risk for gastrointestinal events. In addition, there is

no indication of the injured worker using NSAIDs. Furthermore, the request did not provide a frequency for the medication. Therefore, the request for Protonix 20mg is not medically necessary.