

<b>Case Number:</b>	CM14-0023917		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/08/2001
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in 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 injured worker is a 57-year-old male who reported an injury on 11/18/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 05/19/2014 indicated diagnoses of lumbar sprain/strain and lumbar region unspecified disorder. The injured worker complained of insomnia with anxiety and the injured worker reported pain in the center over bilateral sacroiliac joints that radiated across the lumbar spine that was aggravated by direct pressure, twisting, and bending. On physical examination of the lumbar spine, there was tenderness to the sacroiliac joint bilaterally with a positive faber test and a positive Patrick's test with decreased range of motion secondary to pain. The injured worker's treatment plan included continue medications and request for psychiatric evaluation. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Prilosec, Ultram. The provider submitted a request for Prilosec and gabapentin. The Request for Authorization dated 04/17/2014 was submitted for medications however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18.

**Decision rationale:** The request for Gabapentin 600mg #90 is not medically necessary. The California MTUS guidelines recognize Gabapentin/Neurontin 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. It was not indicated if the injured worker was utilizing Gabapentin or if this is a first time trial for Gabapentin. In addition, there is lack of documentation of efficacy and functional improvement with the use of Gabapentin. Moreover, the provider did not indicate a rationale for the request. Additionally, the request does not indicate a frequency. Therefore, the request for Gabapentin 600mg #90 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20mg #60 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had gastrointestinal bleeding, perforations, or peptic ulcers. In addition, it was not indicated how long the injured worker had been utilizing Prilosec. Additionally, there is lack of documentation of efficacy and functional improvement with the use of Prilosec. Furthermore, the request does not indicate a frequency. Therefore, the request for Prilosec 20mg #60 is not medically necessary.