

Case Number:	CM14-0027192		
Date Assigned:	06/13/2014	Date of Injury:	06/05/2007
Decision Date:	08/04/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 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:

According to the records made available for review, this is a 57-year-old male with a 6/5/07 date of injury. At the time (2/4/14) of request for authorization for Neurontin 300 mg #180, Vicodin 5/500 mg #60 with 1 refill, and Prilosec 20 mg #120, there is documentation of subjective (intermittent neck pain that fluctuates with intensity with right upper extremity radiculopathy symptoms; right shoulder pain) and objective (cervical spine tenderness in the midline, positive compression test with pain in the left and right position, right shoulder tenderness at the acromioclavicular joint, positive impingement) findings. The current diagnoses included cervical spine discopathy, right shoulder impingement syndrome with clavicular joint arthrosis; status post left finger amputation index, resection and reconstruction of the left thumb and psychiatric complaints. The treatment to date includes home exercise program, Neurontin, Hydrocodone, and Omeprazole since at least 7/30/13. Regarding the requested Neurontin 300 mg #180, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Neurontin use to date. Regarding the requested Vicodin 5/500 mg #60 with 1 refill, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Vicodin use to date. Regarding the requested Prilosec 20 mg #120, there is no documentation of risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 300 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): page(s) 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (Gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine discopathy, right shoulder impingement syndrome with clavicular joint arthrosis; status post left finger amputation index, resection and reconstruction of the left thumb, psychiatric complaints. In addition, there is documentation of neuropathic pain. However, given documentation of Neurontin, since at least 7/30/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Neurontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Neurontin 300 mg #180 is not medically necessary.

VICODIN 5/500 MG #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine discopathy, right shoulder impingement syndrome with clavicular joint arthrosis; status post left finger amputation index, resection and

reconstruction of the left thumb, psychiatric complaints. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of, Hydrocodone since at least 7/30/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Vicodin use to date. Therefore, based on guidelines and a review of the evidence, the request for Vicodin 5/500 mg #60 with 1 refill is not medically necessary.

PRILOSEC 20 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. The patient had diagnoses of cervical spine discopathy, right shoulder impingement syndrome with clavicular joint arthrosis; status post left finger amputation index, resection and reconstruction of the left thumb, psychiatric complaints. However, there is no documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20 mg #120 is not medically necessary.