

Case Number:	CM14-0028238		
Date Assigned:	06/13/2014	Date of Injury:	09/21/2009
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/05/2014

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, 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:

This is a male patient with the date of injury of September 21, 2009. A comprehensive follow up visit dated January 14, 2014 identifies subjective complaints of neck and low back pain and headache shooting down left upper and left lower extremity with tingling, numbness, and paresthesia. Objective Findings identify range of motion of cervical spine and lumbosacral spine is restricted. There is increased lumbar lordosis and loss of normal lordotic curve of cervical spine. Paravertebral muscle spasm and localized tenderness is present in lower cervical and lumbar spine area. There is diminished sensation to light touch along medial and lateral border of left forearm. Hyperextension maneuver of lumbar spine is positive. The diagnoses identify cervical disc protrusion at C4-5 and disc bulge at C5-6 with slight mass effect (MRI (magnetic resonance imaging) confirmed), circumferential disc bulge at L3-4 with hypoplastic disc at L5-S1 level (MRI confirmed), left sided L5 lumbar radiculopathy (electromyography (EMG) confirmed), left lumbar radiculitis, cervicogenic headache, left acromioclavicular joint arthritis (MRI confirmed), and chronic myofascial pain syndrome. The discussion/plan identifies continue Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION FOR NEURONTIN 600MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Neurontin, the MTUS state that anti-epilepsy drugs are recommended for neuropathic pain. The MTUS also state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. The MTUS state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epileptic drug (AED) depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the request for Neurontin 600mg #120 is not medically necessary.

ONE (1) PRESCRIPTION FOR PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Prilosec, the California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAIDs) therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the request for Prilosec 20mg, #60 is not medically necessary.