

<b>Case Number:</b>	CM14-0028878		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/08/2007
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Illinois. 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 63-year-old male who reported an injury on 06/08/2007 when he hit his right forearm and elbow against a metal gate. On 03/13/2013, the injured worker underwent a right extremity EMG that revealed normal EMG/nerve conduction studies of the right upper extremity that showed evidence of moderate right carpal tunnel syndrome with prolonged median motor latency across the wrist, slowing the right median sensory nerve conduction velocity and small median sensory amplitude. There was no evidence of ulnar and radial neuropathy or significant cervical radiculopathy. On 06/13/2014, the injured worker complained of shoulder pain secondary to ruptured biceps and rotator cuff dependent and wrist pain secondary to carpal tunnel syndrome. It was reported that he continued to have a pain level of 3/10 to 4/10 on the VAS scale and stated that physical therapy was helpful with strengthening of his right upper extremity and physical therapy was helpful with regards to relaxing the muscle of his biceps. It was noted that the injured worker had good physical therapy exercises and continued to do that for a home exercise regimen and he that he also had acupuncture visits. It is reported that acupuncture did help reduce his pain, however, it provided temporary relief of pain and the next day his pain returns back to baseline. It is noted that the injured worker stated his pain was not manageable and he wanted to avoid surgery. The objective findings revealed the injured worker's gait was grossly normal and non-antalgic and ambulated into the room without any assistance. The medications included Diclofenac Sodium .5% (60 gram), Gabapentin 600 mg, Venlafaxine HCL ER 37.5 mg, Glipizide 10 mg, Metformin HCL 1000 mg, Rapaflo 8 mg, and Tylenol ER 500 mg. The diagnoses included pain in joint shoulder and biceps tendon rupture. The treatment plan included for decision for gabapentin 600mg and Pantoprazole/Protonix 20 mg. The authorization for request was not submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PRESCRIPTION OF GABAPENTIN 600MG, #60: 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 Specific Anti-Epilepsy Drugs Gabapentin Page(s): 18-19.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for treatment for diabetic painful neuropathy and postherpetic neuralgia and has been considered as a low first line treatment for neuropathic pain. RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. It has been given FDA approval for treatment of postherpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. The guidelines recommend a trial period of Gabapentin for an adequate trial is 3 to 8 weeks for titration, then 1 to 2 weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus base treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first line drug is recommended. Combination therapy is only recommended if there is no change with first line therapy, with recommended change being at least 30%. The documents provided on 06/13/2014 indicated the injured worker began gabapentin; however, per the guidelines the patient should be asked each visit as whether there has been a change in pain or function and there was none noted for the injured worker regarding the effects after taking the Gabapentin 600 mg. In addition, the documents that were submitted lacked the injured worker being diagnosed with diabetic neuropathy. The request did not include frequency. Given the above, the request for a prescription of gabapentin 600 mg #60 is not medically necessary.

### **PRESCRIPTION OF PANTOPRAZOLE-PROTONIX 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 Treatment in Worker's Compensation, online Edition, Pain Chapter, Proton Pump Inhibitors, (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, state that Pantoprazole/Protonix 20 mg #60 is recommended for patients at risk of gastrointestinal events. The documentation provided had lack of evidence of the injured worker having gastrointestinal events or being diagnosed with gastrointestinal events. On 06/13/2014, it was documented that the injured worker denied constipation, heartburn, nausea, abdominal pain, black tarry stools

and/or throwing up blood. In addition, the request did not include the frequency for the injured worker. Given above, the request for a prescription of Pantoprazole/Protonix 20 mg #60 is not medically necessary.