

<b>Case Number:</b>	CM14-0030362		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 patient is a 55-year-old male with a date of injury of 12/03/2012. The listed diagnoses per [REDACTED] are: Discogenic lumbar condition with MRI showing fracture at L1-L2; Weight loss of 20 pounds; Element of depression; Neck and right upper extremity pain (covered under another claim). According to progress report 02/13/2014 by [REDACTED], the patient presents with chronic low back pain and weight loss. The patient was noted to have low back pain that shoots down the right leg. Examination revealed tenderness along the lumbosacral area with decreased range of motion. He has weakness with dorsiflexion and plantar flexion on the right and pain along the facet. Treater is requesting Voltaren 100 mg #30, Neurontin 100 mg #90, and Protonix 20 mg #60. Utilization review approved the requests on 02/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100mg for next visits QTY: 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67, 68.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting Voltaren 100 mg #30. The MTUS Chronic Pain Guidelines supports the use of NSAIDS for chronic low back pain as a first line of treatment. On 02/13/2014, Voltaren was prescribed and the physician instructed the patient to stop Naprosyn due to its "effect." In this case, it appears the treater is recommending Voltaren over Naprosyn due to side effects. Given this patient's low back pain, the request is medically necessary and appropriate.

**Neurontin 600mg for next visits QTY: 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

**Decision rationale:** The MTUS Chronic Pain Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." This patient suffers from neuropathic pain for which use of Neurontin is indicated. The medical records provided for review from 02/26/2013 to 02/13/2014 do not show this patient has tried this medication. Given the patient's complaints of neuropathic pain, the request is medically necessary and appropriate.

**Protonix 20mg for next visit QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The MTUS Chronic Pain Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The medical file including progress reports from 02/26/2013 to 02/13/2014 provides no discussion as to why this medication is being prescribed. Furthermore, the treater does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. As such, the request is not medically necessary and appropriate.