

<b>Case Number:</b>	CM14-0034682		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/20/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 43-year-old female with a 11/20/11 date of injury. At the time (3/7/14) of request for authorization for retrospective omeprazole 20 mg #100 (filled 2-27-2014) and retrospective gabapentin 600 mg #100 with 2 refills (filled 2-27-2014), there is documentation of subjective (pain in the left shoulder, especial with overhead activity) and objective (positive left shoulder impingement, decreased range of motion) findings, current diagnoses (myofascial pain syndrome, rotator cuff syndrome), and treatment to date (acupuncture, activity modification, trigger point injections, and medications (including naproxen and gabapentin (since at least 12/13))). Regarding the requested retrospective omeprazole 20 mg #100 (filled 2-27-2014), there is no documentation of risk for gastrointestinal events. Regarding the requested retrospective gabapentin 600 mg #100 with 2 refills (filled 2-27-2014), there is no documentation of neuropathic pain and 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 gabapentin use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Omeprazole 20mg #100 (filled 2-27-2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Omeprazole Page(s): 69.

**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. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, rotator cuff syndrome. However, there is no documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for retrospective omeprazole 20 mg #100 (filled 2-27-2014) is not medically necessary.

**Retrospective Gabapentin 600mg # 100 with 2 refills (filled 2-27-2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) 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 myofascial pain syndrome, rotator cuff syndrome. However, there is no documentation of neuropathic pain. 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 gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for retrospective gabapentin 600 mg #100 with 2 refills (filled 2-27-2014) is not medically necessary.