MAXIMUS Federal Services

Case Number:	CM14-0038741		
Date Assigned:	07/21/2014	Date of Injury:	03/17/2011
Decision Date:	09/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/02/2014

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 Medicine, and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 55 year old male with complaints of left shoulder pain, neck pain, and headaches. The date of injury is 3/17/11 and the mechanism of injury is not elicited. At the time of request for the following: 1. Neurontin 600mg 2. Prilosec 20mg 3. Sentra x 1 month, there is subjective (neck pain, low back pain, headache pain) and objective (cervical range of motion limited with pain, lumbar spine range of motion limited with left sided pain, cervical spine tenderness C3 thru C7, hypertonicity musculature cervical spine area bilaterally, left shoulder tenderness to palpation with positive O'Briens test, positive Speers test, and positive Neers test for the left shoulder, thoracic spine tenderness and hypertonicity) findings, imaging findings (none submitted), diagnoses (Cervicalgia, contusion eyelids and periocular area, dysthmic disorder, headache, insomnia unspecified, nonallopathic lesion of the thoracic spine with pain, spasm of muscle, unspecified disorders of the bursae tendon shoulder, unspecified myalgia and myositis) and treatment to date (medications, rest). Neurontin is a first line treatment indicated for treatment of neuropathic pain. Recommendations are for the addition of a proton pump inhibitor in the setting of long term nsaid use if there are gastrointestinal adverse symptoms associated with pharmacologic treatment. Sentra PM is labeled a medical food indicated for sleep disorders, anxiety and fibromyalgia. It is comprised of amino acids such as 5- hydroxytrophan, glutamate, and choline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs> Page(s): 16-18.

Decision rationale: Per MTUS-Chronic Pain Medical Guidelines, Neurontin is a first line treatment indicated for treatment of neuropathic pain. The documentation supports the continued use of this medication and is therefore medically necessary.

Prilosec 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, recommendations are for the addition of a proton pump inhibitor in the setting of long term nsaid use if there are gastrointestinal adverse symptoms associated with pharmacologic treatment. The documentation supports the continued use of nsaid pharmacotherapy and notes the presence of nsaid induced gastritis. Therefore, the request for prilosec 20mg is medically necessary.

Sentra X 1 month: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)>, <Medical Foods>.

Decision rationale: Per ODG treatment decisions, Sentra PM is labeled a medical food indicated for sleep disorders, anxiety and fibromyalgia. It is comprised of amino acids such as 5-hydroxytrophan, glutamate, and choline. As documentation supports these indication, it is my opinion that this pharmaceutic is medically necessary.