

<b>Case Number:</b>	CM14-0038992		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Texas. 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 57 year-old female injured on 09/10/2009 due to an undisclosed mechanism of injury. Current diagnoses included discogenic cervical condition associated with headaches and facet inflammation, carpal tunnel syndrome, discogenic lumbar condition with radiculopathy, depression, sleep disorder, constipation, sexual dysfunction, and anxiety. Clinical note dated 04/07/2014 indicated the injured worker presented complaining of neck pain and low back pain with associated numbness and tingling. The injured worker reported recent onset of hematemesis. The injured worker was advised to cease all utilization of NSAIDs. The injured worker was undergoing cognitive behavioral therapy for symptoms associated with depression, anxiety, and insomnia. The injured worker utilized Dilantin for prior history of seizures. Physical examination revealed tenderness along the cervical and lumbar paraspinal muscles bilaterally, ambulation with the use of cane, difficulty changing position from sitting to standing, pain with facet loading, and decreased cervical and lumbar range of motion. Treatment plan included EMG of the lower extremities, MRI of the lumbar spine, gastrointestinal specialty consultation, continued CBT, Protonix, Norco, Terocin patches, Mirtazapine, Flexeril, and Gabapentin. The initial request for retrospective review of Pantoprazole 20mg #60, Gabapentin 600mg #90, and Terocin patches #20 for date of service 03/07/2014 was non-certified on 04/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #60 that was provided on 03/07/2014: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** The ODG indicates that proton pump inhibitors are for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal, anti-inflammatory drug use. Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. Additionally, the injured worker reported recent onset of hematemesis. As such, Pantoprazole 20mg #60 that was provided on 03/07/2014 is not medically necessary.

**Gabapentin 600mg #90 that was provided on 03/07/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** Current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin 600mg #90 that was provided on 03/07/2014 cannot be recommended as medically necessary.

**Terocin patches #20 that was provided on 03/07/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

**Decision rationale:** Salicylate Topicals are recommended in the treatment of chronic pain. Salicylate Topicals (e.g., Ben-Gay, Methyl Salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the Terocin patches #20 that was provided on 03/07/2014 cannot be recommended as medically necessary.