

<b>Case Number:</b>	CM14-0039896		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/08/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 injured worker is a 59-year-old male who reported an injury on 07/08/2008. The mechanism of injury was not provided within the review. The injured worker's diagnoses were noted to be lumbago, thoracic and lumbosacral neuritis/radiculitis, and post laminectomy syndrome lumbar region. The injured worker was noted to have prior treatments and physical therapy, epidural steroid injections, spinal cord stimulator and medications. The injured worker had a clinical evaluation of 03/19/2014 with complaints of chronic, severe low back pain and right radicular pain due to failed back surgery syndrome following a work related injury. He indicated a pain score of 7/10 without medications and 6/10 with medication. The physical examination noted tenderness to palpation of the paraspinals in the lumbosacral region. There is right sciatic notch tenderness. The injured worker was using Norco, gabapentin and omeprazole. The treatment plan was for medication refills, physical therapy including home exercise and moist heat. The provider's rationale for the request was provided within the treatment plan. The request for authorization for medical treatment was provided within the request and dated 03/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg tabs 1 (one) po (by mouth) q12 hours (every 12 hours) PRN (as needed) #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page(s) 16 Page(s): 16.

**Decision rationale:** The request for Gabapentin 600 mg tabs 1 by mouth every 12 hours as needed #120 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommended antiepileptic drugs for neuropathic pain. The guidelines continue to recommend gabapentin for neuropathic pain; however, the guidelines stated that gabapentin should not be abruptly discontinued. Weaning and/or switching to another drug in this class should be done over the minimum of a week. The injured worker has complaints of neuropathic pain; however, the provider's request for gabapentin as needed medication does not meet the recommendations of the guidelines. Gabapentin dosing is recommended on a daily basis. Therefore the request for gabapentin 600 mg tabs 1 by mouth every 12 hours as needed #120 is not medically necessary.

**Omeprazole 20 mg CPDR 1 PO Q12 (by mouth every 12 hours) #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 68 Page(s): 68.

**Decision rationale:** The request for Omeprazole 20 mg CPDR 1 by mouth every 12 hours #120 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend a proton pump inhibitor for injured worker's using NSAIDs for pain control whom also experience side effects of GI events. The guidelines recommend proton pump inhibitors for injured worker's with risk factors for GI events. The documentation provided for review does not indicate GI events nor does it indicate efficacy with use of a proton pump inhibitor. Furthermore, it does not indicate the injured worker taking an NSAID. Therefore the request for 20 mg CPDR 1 by mouth every 12 hours #120 is not medically necessary.