

Case Number:	CM14-0052385		
Date Assigned:	07/07/2014	Date of Injury:	04/30/2001
Decision Date:	09/24/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/21/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 71 year old female who is reported to have fallen from a chair while at work on 04/30/2001 and landed on her right lower back. She has undergone several surgeries following the fall, including, two right shoulder surgeries between 2002 and 2004; right elbow surgery in 07/2003; Lumbar surgery. Also, she has had right shoulder steroid injection, and lumbar epidural steroid injection. During an office visit on 02/04/2014, she complained of low back pain that radiates to the lower extremities, associated with numbness and tingling sensations. The physical examination is positive for decreased sensations in the right C6-C8, positive phalen's test on the right, positive bilateral straight leg raise. She has been diagnosed of Lumbar stenosis, radiculopathy and Spondylolisthesis, right shoulder rotator cuff tear, right elbow internal derangement, and right carpal tunnel syndrome. Treatments have included Physical therapy, acupuncture, TENS unit, Ibuprofen 800mg, Gabapentin. At dispute are the requests for 15 tablets of Norco 5/325mg, 60 tablets of Ibuprofen 800mg; 30 tablets of Aciphex 20mg; 60 tablets of Gabapentin 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

(15) tablets of Norco 5/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain discussions; Opioids Page(s): 8 , 80.

Decision rationale: The injured worker sustained a work related injury on 04/30/2001. The medical records provided indicate the diagnosis of diagnosed of Lumbar stenosis, radiculopathy and Spondylolisthesis, right shoulder rotator cuff tear, right elbow internal derangement, and right carpal tunnel syndrome. On 01/07/2014, the injured worker had qualitative drug screen, she was given a prescription for Ibuprofen 800mg, Aciphex, Gabapentin 600mg; and she was placed on off duty till 04/01/2014. When she returned on 02/04/2014, she was placed on off duty till 04/29/14, given prescription of Ibuprofen 800mg, Gabapentin 600mg, Aciphex, and 15 tablets of Norco 5/325. She received Qualitative drug screen. Her pain remained the same by the time she returned on 03/04/2014, and she remained of duty till 05/27/2014. The medical records provided for review do not indicate a medical necessity for Norco. The MTUS states that satisfactory response to pain treatment is indicated by patient's decreased pain, increased level of function, or improved quality of life. It is obvious from the above that the injured worker has not achieved these objectives; therefore the use of this medication is not medically necessary. The is buttressed by the guidelines recommendation to continue opioids (a) If the patient has returned to work (b) if the patient has improved functioning and pain. The Injured worker has not met either of these requirements. Therefore the requests are medically necessary.

(60) tablets of Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory drugs Page(s): 67.

Decision rationale: The injured worker sustained a work related injury on 04/30/2001. The medical records provided indicate the diagnosis of diagnosed of Lumbar stenosis, radiculopathy and Spondylolisthesis, right shoulder rotator cuff tear, right elbow internal derangement, and right carpal tunnel syndrome. On 01/07/2014, the injured worker had qualitative drug screen, she was given a prescription for Ibuprofen 800mg, Aciphex, Gabapentin 600mg; and she was placed on off duty till 04/01/2014. When she returned on 02/04/2014, she was placed on off duty till 04/29/14, given prescription of Ibuprofen 800mg, Gabapentin 600mg, Aciphex, and 15 tablets of Norco 5/325. She received Qualitative drug screen. Her pain remained the same by the time she returned on 03/04/2014, and she remained of duty till 05/27/2014. The Medical records reviewed did not provide a medical justification for the continued use of Ibuprofen 800mg. Firstly, the records revealed she has not benefited from it; secondly, the prescribed dose, is beyond the guidelines recommendation of the lowest dose for the shortest period in patients with moderate to severe pain; thirdly, the injured worker is above the age of 65 years, therefore risk of renal and gastrointestinal side effects with higher dosages. Therefore the request is not medically necessary.

(30) tablets of Aciphex 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, Chapter: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and Cardiovasuclar risks Page(s): 68-69.

Decision rationale: The injured worker sustained a work related injury on 04/30/2001. The medical records provided indicate the diagnosis of diagnosed of Lumbar stenosis, radiculopathy and Spondylolisthesis, right shoulder rotator cuff tear, right elbow internal derangement, and right carpal tunnel syndrome. On 01/07/2014, the injured worker had qualitative drug screen, she was given a prescription for Ibuprofen 800mg, Aciphex, Gabapentin 600mg; and she was placed on off duty till 04/01/2014. When she returned on 02/04/2014, she was placed on off duty till 04/29/14, given prescription of Ibuprofen 800mg, Gabapentin 600mg, Aciphex, and 15 tablets of Norco 5/325. She received Qualitative drug screen. Her pain remained the same by the time she returned on 03/04/2014, and she remained of duty till 05/27/2014. The medical records provided for review do not indicate a medical necessity for 30 tablets of Aciphex (rabeprazole) 20mg. The MTUS recommends adding proton pump inhibitors to individuals at high risk for gastrointestinal side effects of NSAIDs when they are on NSAIDs. High risk individuals or those above 65 years of age; those with history of peptic ulcer disease or prvious history of GI disturbance to NSAIDs; those on high dose or combination NSAIDs or those on NSAIDs and oral steroids. Although this injured worker would have fallen into this group, the need for this drug is no longer obtainable because there is no medical necessity for the continued use of Ibuprofen 800mg. Given the above the request is not medically necessary.

(60) tablets of Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsanst Page(s): 16-22.

Decision rationale: The injured worker sustained a work related injury on 04/30/2001. The medical records provided indicate the diagnosis of diagnosed of Lumbar stenosis, radiculopathy and Spondylolisthesis, right shoulder rotator cuff tear, right elbow internal derangement, and right carpal tunnel syndrome. On 01/07/2014, the injured worker had qualitative drug screen, she was given a prescription for Ibuprofen 800mg, Aciphex, Gabapentin 600mg; and she was placed on off duty till 04/01/2014. When she returned on 02/04/2014, she was placed on off duty till 04/29/14, given prescription of Ibuprofen 800mg, Gabapentin 600mg, Aciphex, and 15 tablets of Norco 5/325. She received Qualitative drug screen. Her pain remained the same by the time she returned on 03/04/2014, and she remained of duty till 05/27/2014. The medical records provided for review do not indicate a medical necessity for 60 tablets of Gabapentin 600mg. The anticonvulsants, like Gabapentin, are recommended as first line in the treatment of neuropathic pain. The MTUS does not recommend continuing the anticonvulsants when used for pain control

except if there is a documented 30% improvement in pain control. Therefore considering that the injured worker has not benefited from this drug, the medication is not medically necessary.