

Case Number:	CM14-0064955		
Date Assigned:	07/11/2014	Date of Injury:	01/15/2012
Decision Date:	09/25/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/08/2014

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 and Florida. 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 patient is a 28 year old female who was injured on 1/15/2012. The diagnoses are low back pain, neck pain and shoulder pain. The patient completed 30 physical therapy treatments, acupuncture treatments, cervical and lumbar epidural steroid injections. The MRI of the lumbar spine showed degenerative disc disease. The past surgery history is significant for right shoulder surgery. On 4/2/2014, [REDACTED] noted subjective complaints of neck pain radiating to the upper extremities. The medications are Naproxen for pain and Omeprazole for the prevention and treatment of NSAIDs induced gastritis. A Utilization Review determination was rendered on 4/18/2014 recommending non certification for compound cream Gabapentin/acetyl-L-carn 250/125mg, Omeprazole 20mg #60 and Ibuprofen 800mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream (Gabapentin/Acetyl-L-carn 250/125mg): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-113.

Decision rationale: The California MTUS recommends that topical compound preparations can be utilized to treat neuropathic pain when trials of NSAIDs, anticonvulsant and antidepressant medications have failed. The records did not show that the patient could not tolerate or have failed oral Gabapentin formulations or antidepressants. The guidelines do not support the use of Gabapentin in topical formulation. The criteria for the use of compound cream Gabapentin/Acetyl-L-carn 250 / 125mg.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: The California MTUS recommend that proton pump inhibitors can be utilized in the prevention and treatment of NSAIDs induced gastritis. The chronic use of NSAIDs is associated with cardiovascular, renal and gastrointestinal complications. The records indicate that the patient is utilizing NSAIDs for the treatment of chronic musculoskeletal pain. The criteria for the use of Omeprazole 20mg #60 were met. Therefore the request is medically necessary.

Ibuprofen 800mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS recommend that NSAIDs could be utilized for the short term treatment of acute exacerbations of chronic musculoskeletal pain. It is recommended that the lowest possible dosage be utilized for the shortest periods. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. The records indicate that the patient had been utilizing NSAIDs for pain management during exacerbations of chronic musculoskeletal pain. No side effect has been reported. The criteria for the use of ibuprofen 800mg #60 were met. Therefore the request is medically necessary.