

<b>Case Number:</b>	CM14-0072681		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/30/1998
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female who reported an injury 04/30/1998. The injury reported was when the injured worker, pulling her hair up for work, felt a pain in her back. Past treatments included medication. Diagnoses included myofascial pain chronic unstable, and neck pain syndrome. In the clinical note dated 05/19/2014 it was reported the injured worker complained of neck and low back pain, and bilateral shoulder pain. She described the pain as burning, shooting, and cramping. She rated her pain 6/10 to 8/10 in severity. The injured worker complained of muscle spasms, numbness, tingling, and limited movement. Upon the physical examination the provider noted the injured worker had spasms to the cervical paraspinal muscles. The range of motion was limited with stiffness in the neck. Her medication regimen included Neurontin, Cymbalta, trazodone, Protonix, Xanax. The provider requested Protonix, and Neurontin. However, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 40 mg #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Pain Procedure SummaryMdconsult.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Protonix 40 mg #50 is not medically necessary. The injured worker complained of neck and low back pain. She described the pain as burning, shooting, and cramping. She rated her pain 6/10 to 8/10 in severity. She complained of muscle spasms, numbness tingling, and limited movement. The Chronic Pain Medical Treatment Guidelines note proton pump inhibitors, such as Protonix, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include: over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleed or perforation. It did not appear the injured worker is at risk for a gastrointestinal event. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Neurontin 300 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKERS COMPENSATION Pain Procedure summary, Mdconsult.com, Chronic Pain Medical Treatment Guidelines.

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

**Decision rationale:** The request for Neurontin 300 mg #90 is non-certified. The injured worker complained of neck and low back pain. She described the pain as burning, shooting, and cramping. She rated her pain 6/10 to 8/10 in severity. The injured worker complained of muscle spasms, numbness and tingling, and limited movement. California MTUS Guidelines note gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a 1st line treatment for neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the injured worker is treated for or diagnosed with diabetic neuropathy, or herpetic neuralgia. Therefore, the request is non-certified.

