

Case Number:	CM14-0075568		
Date Assigned:	07/18/2014	Date of Injury:	06/08/2010
Decision Date:	10/01/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational Medicine 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 patient is a 54-year-old female who sustained an injury on 06/08/2010 when she was attacked by a patient and fell hitting her head on a tub. Prior treatment history has included TENS, Norco, Motrin, Colace, Prilosec and Fexmid. A progress report dated 06/06/2014 documented the patient to have complaints of bilateral shoulder, right greater than left, pain that increases with lifting. She rated her pain as a 7/10 with weakness. She has numbness to bilateral hands, right greater than left. On exam, the bilateral shoulders revealed tenderness to palpation over the acromioclavicular joints, subacromial regions and trapezius muscles, right greater than left. Impingement test and Cross arm tests are positive, right greater than left. There is decreased range of motion in all planes and 4/5 muscle weakness upon flexion, external rotation abduction bilaterally. The bilateral elbows revealed positive Tinel's test and Bent elbow test bilaterally. Range of motion of the elbows revealed flexion to 140 degrees; extension to 0 degrees; pronation is 80 degrees and supination is 80 degrees with decreased sensation in an ulnar nerve distribution. The patient is diagnosed with cervical spine sprain with 2 to 2.2 mm disc protrusion at C3-C4, C5-C6 and C6-C7 per MRI dated 11/18/2011. Upon review of the records, there is no mention of any GI complaints or reported GI condition. The recommendation is to prescribe Neurontin 600 mg. Prior utilization review dated 05/19/2014 states the request for Prilosec 20mg is denied as there is no documented evidence of GI complaints or condition; and Neurontin 600mg is denied as there is no documented evidence of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88,68.

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

Decision rationale: According to MTUS guidelines, proton pump inhibitors, such as Prilosec, may be recommended for patients taking NSAIDs at moderate to high risk of gastrointestinal events. However, in this case, while the patient is prescribed oral NSAIDs, medical records do not establish moderate to high risk of gastrointestinal events. This request is not medically necessary.

Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19,49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://emedicine.medscape.com/article/327330-medication>

Decision rationale: According to MTUS guidelines, "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." However, in this case history, examination findings, and diagnostics do not clearly establish neuropathic pain other than bilateral carpal tunnel syndrome for which Gabapentin is not specifically recommended by guidelines. Further, medical records fail to demonstrate clinically significant functional improvement or pain reduction from use of Gabapentin. This request is not medically necessary.