

Case Number:	CM14-0079022		
Date Assigned:	07/18/2014	Date of Injury:	08/01/2012
Decision Date:	09/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/29/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 33 year old male who sustained an injury on 08/01/12 while lifting a crate weighing more than 40 pounds. The injured worker felt a popping sensation in the lumbar spine with radiating pain to left lower extremity. Prior treatment included physical therapy and epidural steroid injections the injured worker only reported short term improvement with these modalities. The injured worker also underwent medial branch radiofrequency neurolysis in the lumbar spine with some improvement. Prior medication history included Gabapentin, Ibuprofen, Tramadol, and Celebrex. As of 05/12/14 the injured worker had ongoing complaints of severe low back pain radiating rating 8/10. The injured worker reported benefits of medications for up to four hours with approximately fifty percent relief in symptoms. The injured worker had consistent urine drug screen records. Physical examination noted limited range of motion in the lumbar spine with positive straight leg raise to the left at 45 degrees, loss of the left ankle reflexes compared to the right side with mild weakness on left ankle dorsiflexion, and loss of range of motion in the bilateral knees was worse on the left than right. The injured worker was continued on Gabapentin and Celebrex and Tramadol at this visit. The injured worker followed up on 06/13/14 continuing to report severe 8/10 pain without medications. The injured worker continued to have up to fifty percent pain relief with medications for approximately four hours. Physical examination findings remained unchanged. The requested Omeprazole delayed release (DR) 20 milligrams quantity ninety, Celebrex 200 milligrams quantity ninety Gabapentin 300 milligrams quantity ninety and referral to were denied by utilization review on 05/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg #90/month: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG0 PAIN CHAPTER, PROTON PUMP INHIBITORS).

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor request is not medically necessary.

Celebrex 200 mg #90/month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines selective COX-2 NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The chronic use of prescription nonsteroidal antiinflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over the counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could have reasonably transitioned to an over the counter medication for pain. This request is not medically necessary.

Gabapentin 300 mg #90/month: Upheld

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

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

Decision rationale: In review of the clinical documentation submitted for review the requested Gabapentin at 300 milligrams quantity ninety would be supported as medically necessary. Clinical documentation submitted for review noted findings consistent with ongoing lumbar radiculopathy. There was ankle dorsiflexor weakness with positive straight leg raise to the left side. Per guidelines Gabapentin is a first line recommendation first line recommended

medication for the treatment of neuropathic pain. Given the indications for this anticonvulsant this request is not medically necessary.

Referral to [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32.

Decision rationale: Clinical documentation submitted for review did not clearly identify what answers were being sought with this referral that would help delineate treatment. Given the limited indications for referral and how this referral would help the course of treatment this request is not medically necessary.