

Case Number:	CM14-0131876		
Date Assigned:	08/20/2014	Date of Injury:	12/17/2003
Decision Date:	01/07/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 injured worker is a 55 year old female who was injured on 12/17/2003. The diagnoses are lumbar spondylosis, myofascial pain syndrome and low back pain. There are associated diagnoses of insomnia and opioid induced constipation. On 7/15/2014, [REDACTED] noted subjective pain score of 8-9/10 on a scale of 0 to 10. The injured worker is utilizing Celebrex and gabapentin for pain, Dexilant for NSAIDs induced gastritis and Lomotil for diarrhea. The injured worker reported significant pain relief, improved ADL and improved sleep with the use of gabapentin. The constipation is managed by increase in dietary fiber, fluids and exercise. The injured worker was noted to have failed treatment with Protonix, Nexium and Flector patch. The other medications listed are Prozac, Baclofen, Sumatriptan and Percocet that was not authorized by the insurance. It is unclear if the medications are actively being utilized. A Utilization Review determination was rendered on 6/11/2014 recommending non certification for Gabapentin 600mg #180, Lomotil 2.5/0.025 and Dexilant 80mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic pain. The use of Gabapentin can be beneficial in the treatment of non- neuropathic chronic pain syndrome associated with psychosomatic symptoms. The records indicate that the injured worker reported significant pain relief with improvement of ADL and sleep with the use of Gabapentin. There were no reported side effects or adverse interaction with other medications. The criteria for the use of gabapentin 600mg #180 were met; therefore, the request is medically necessary.

Lomotil 2.5/0.025 #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/lomotil-drug/indications-dosage.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS did not address the use of antidiarrhea medications. The FDA and the ODG guidelines recommend that antidiarrhea medications can be utilized for the treatment of diarrhea that did not respond to non-medication management. The records did not show that the injured worker had subjective findings of diarrhea that did not respond to conservative non-medication management. The injured worker was reported to complain of opioid induced constipation. The criteria for the use of Lomotil 2.5/0.025mg #180 were not met; therefore, the request is not medically necessary.

Dexilant 80mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Online Version, Pain (Chronic) Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized in the prevention and treatment of NSIADs induced gastrointestinal complications. The records indicate that the injured worker have findings consistent with gastrointestinal disease and complications of chronic NSAIDs treatment. The injured worker is currently utilizing Celebrex. There is documentation of failure of other proton pump medications including Nexium and Protonix. The criteria for the use of Dexilant 80mg #30 were met; therefore, the request is medically necessary.

Imitrex 100mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Online version Head, Triptans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Headache

Decision rationale: The CA MTUS and the ODG guidelines recommend that Triptan medications can be utilized for the short term treatment of acute migraine attacks that did not respond to standard analgesic medications. The records did not show subjective or objective findings consistent with the diagnoses of acute migraine attacks. There is no documentation of failure of first line migraine medications. The criteria for the use of Imitrex 100mg #9 were not met; therefore, the request is not medically necessary.