

Case Number:	CM14-0194715		
Date Assigned:	12/02/2014	Date of Injury:	06/23/2011
Decision Date:	01/16/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family 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:

This is a 31 year old patient who sustained a work related injury on 6/23/11. The exact mechanism of injury was not specified in the records provided. The current diagnoses include low back, right lower extremity pain, depression, anxiety due to chronic pain. Per the doctor's note dated 10/28/14, patient has complaints of chronic low back pain and radicular symptoms into the lower extremities. Physical examination was unchanged. Physical examination on 9/30/14 revealed positive SLR, and pain and numbness radiating to right lower extremity. The current medication lists include Neurontin, Prilosec, Morphine Sulfate, Amitriptyline, Colace and Motrin. The patient has had electro diagnostic studies of right leg on February 2012 that was normal; Magnetic Resonance Imaging (MRI) on November 2011 that revealed degenerated disk at L5-S1 with bilateral foraminal stenosis and facet arthropathies; on April 21, 2014 EMG and NCV that revealed evidence of a right L5 radiculopathy. The patient's surgical history include two epidural injections for this injury. She had received on August 31, 2014 a right S1 transforaminal steroid injection and on February 27, 2014 a right L5-S1 transforaminal steroid injection. Any operative/ or procedure note was not specified in the records provided. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec 20mg every day #30: Upheld

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

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

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for PRILOSEC 20MG #60 is not fully established in this patient.

Retrospective request for Neurontin 600mg, two (2) times per day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the CA MTUS Chronic pain guidelines regarding Neurontin/gabapentin, "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.... Spinal cord injury: Recommended as a trial for chronic neuropathic pain..... Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit... This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." The Neurontin 400mg, two (2) times per day, #90 has been determined to be medically appropriate and necessary as below. The detailed response of Neurontin 400mg, two (2) times per day, #90 was not specified in the records provided. The rationale for requesting another Neurontin 600mg, two (2) times per day, #90 was not specified in the records provided. The medical necessity of the request for Neurontin 600mg, two (2) times per day, #90 is not fully established in this patient.

Retrospective request for Neurontin 400mg, two (2) times per day, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 18.

Decision rationale: According to the CA MTUS Chronic pain guidelines regarding Neurontin/gabapentin, "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.... Spinal cord injury: Recommended as a trial for chronic neuropathic pain..... Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit... This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." Per the doctor's note dated 10/28/14, patient has complaints of chronic low back pain and radicular symptoms into the lower extremities and physical examination on 9/30/14 revealed positive SLR, and pain and numbness radiating to right lower extremity The patient has had Magnetic Resonance Imaging (MRI) on November 2011 that revealed degenerated disk at L5-S1 with bilateral foraminal stenosis and facet arthropathies; on April 21, 2014 EMG and NCV that revealed evidence of a right L5 radiculopathy The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings and electrodiagnostic study findings that are consistent with the patient's symptoms. Anticonvulsants or anti-epileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient The cited guidelines support the use of Neurontin 400mg, two (2) times per day, #90 in patients with this clinical situation therefore the request is deemed medically necessary.

Retrospective request for Motrin 800mg, two (2) times per day #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Motrin belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Per the doctor's note dated 10/28/14, patient has complaints of chronic low back pain and radicular symptoms into the lower extremities and physical examination on 9/30/14 revealed positive SLR, and pain and numbness radiating to right lower extremity NSAIDs like Motrin are first line treatments to reduce pain. The retrospective request for Motrin 800mg, two (2) times per day #60 is deemed medically appropriate and necessary in this patient.