

Case Number:	CM14-0200500		
Date Assigned:	12/10/2014	Date of Injury:	12/15/2010
Decision Date:	01/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Emergency 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 injured worker is a 60 year-old male, who sustained an injury on December 15, 2010. The mechanism of injury is not noted. Diagnostics have included: December 30, 2013 lumbar spine MRI. Treatments have included: medications, physical therapy. The current diagnoses are: lumbar strain/sprain, carpal tunnel syndrome, lumbar radiculitis. The stated purpose of the request for Gabapentin 300 MG 1 Tab By Mouth A Day #90 was for radicular pain. The request for Gabapentin 300 MG 1 Tab By Mouth A Day #90 was denied on November 20, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Omeprazole 20 MG 1 Tab By Mouth A Day #60 was not noted. The request for Omeprazole 20 MG 1 Tab By Mouth A Day #60 was denied on November 20, 2014, citing a lack of documentation of GI distress issues. Per the report dated November 12, 2014, the treating physician noted complaints of low back pain with radiation to both legs with numbness and tingling. Exam shows lumbar tenderness, tenderness to both hands and wrists, positive bilateral straight leg raising tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg 1 tab by mouth a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Gabapentin 300 mg 1 tab by mouth a day #90 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage". The injured worker has low back pain with radiation to both legs with numbness and tingling. The treating physician has documented lumbar tenderness, tenderness to both hands and wrists, positive bilateral straight leg raising tests. The treating physician has not documented duration of treatment nor derived symptomatic or functional improvement from use to date. The criteria noted above have not been met. Therefore, the request for Gabapentin 300 mg 1 tab by mouth a day #90 is not medically necessary.

Omeprazole 20 mg 1 tab by mouth a day #60: Upheld

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

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

Decision rationale: The requested Omeprazole 20 mg 1 tab by mouth a day #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors."The injured worker has low back pain with radiation to both legs with numbness and tingling. The treating physician has documented lumbar tenderness, tenderness to both hands and wrists, positive bilateral straight leg raising tests. The treating physician has not documented medication-induced GI complaints or GI risk factors. The criteria noted above have not been met. Therefore, the request for Omeprazole 20 mg 1 tab by mouth a day #60 is not medically necessary.