

Case Number:	CM14-0023484		
Date Assigned:	05/07/2014	Date of Injury:	03/01/2000
Decision Date:	02/13/2015	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/21/2014

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 Texas. 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 69 year old who was injured on 3/1/2000. The diagnoses are cervical spondylosis, left shoulder tendinitis, right lateral epicondylitis, neck and low back pain. There are associated diagnoses of medication induced gastritis, mood disorder and sleep disorder. On 12/11/2013 [REDACTED] noted subjective complaint of left sided neck and shoulder discomfort. The patient was noted to look chronically ill and cachectic. There was decreased range of motion of the cervical spine, positive impingement test of the left shoulder and tenderness to palpation. The patient is being evaluated at 6 monthly intervals for medications reviews. The medications listed are Gabapentin, Tramadol and Prilosec. A Utilization Review determination was rendered on 2/3/2014 recommending denial for Gabapentin 300mg #60, Prilosec 20mg #30 and Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22, 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antiepileptic medications.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for treatment of neuropathy and radiculopathic pain. The records did not show subjective or objective findings consistent with a diagnosis of neuropathic or radicular pain. There is no documentation of beneficial effects or functional improvement with utilization of gabapentin. There is no documentation that the gabapentin dosage had been titrated to a maximum effective dosage. The guidelines require frequent clinic evaluations for medication dosage titrations and compliance monitoring. The patient is being evaluated at 6 monthly intervals. The criteria for the use of gabapentin 300mg #60 was not met.

Prilosec 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

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 Proton Pump Inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastritis. The records indicate that the patient was diagnosed with medications induced gastritis. The patient is also at high risk of exacerbation of symptoms due to the advanced age of 69 years. The records show that the patient had responded to treatment with Prilosec. The criteria for the use of Prilosec 20mg #30 was met.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other sedations. The risk of adverse effects is increased in patient with a history of psychosomatic symptoms. The guidelines recommend that patient be regularly evaluated for compliance, aberrant behaviors and adverse interactions. The records indicate that the patient is being evaluated at 6 monthly intervals. There is no documentation of UDS, medication compliance, functional restoration, absence of aberrant behavior or adverse effects. The criteria for the use of Tramadol 50mg #60 was not met.