MAXIMUS Federal Services

Case Number:	CM14-0219089		
Date Assigned:	01/09/2015	Date of Injury:	12/13/2004
Decision Date:	05/01/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male, who sustained an industrial injury on December 13, 2004. He reported injury to the neck and back. The injured worker was diagnosed as having cervical brachial syndrome, lumbar spine sprain/strain and chronic pain syndrome. Treatment to date has included chiropractic treatment, physical therapy and medications. On February 26, 2015, the injured worker complained of pain in the cervical spine with tenderness in the bilateral occipital region. The range of motion in the neck remains limited with stiffness. Low back pain remains with decreased range of motion in all planes due to pain. There is numbness in the lateral aspect of both lower extremities that was reported to be improved with Horizant. The treatment plan included Horizant, Motrin, Prilosec and six sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines 2010 Revision, Web Edition. Decision based on Non-MTUS Citation ODG, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for Horizant 600MG #60. Per 12/04/14 progress report, the patient is using Motrin, Prilosec and Horizant. Regarding work statue, the treater states that the patient is permanent and stationary. MTUS guidelines page 18 and 19 states that "Gabapentin -- Neurontin, Gaborone, generic available-- 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." In this case, the patient has been utilizing Horizant since at least 06/12/14. The patient presents with neuropathic pain, that of radiculopathy with radiating pain down the legs and the treater provides a general statement indicating, "There is less numbness in the legs since starting Horizant which allows him to stand and walk longer than without it. He has tried and failed TCA's, Neurontin and Lyrica in the past." The request is medically necessary.

Prilosec 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2010 Revision, Web Edition. Decision based on Non-MTUS Citation ODG, Web Edition.

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

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for Prilosec 20mg #30 with 1 refill. Per 12/04/14 progress report, the patient is using Motrin, Prilosec and Horizant. Regarding work statue, the treater states that the patient is permanent and stationary. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/ multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the patient has been utilizing Prilosec and Motrin since at least 06/12/14. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. The review of reports does not show evidence of gastric problems, and there is no mention of GI issues to support use of Prilosec. Given the lack of documentation as required MTUS guidelines, the request is not medically necessary.

Motrin 800mg #60with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines 2010 Revision, Web Edition. Decision based on Non-MTUS Citation ODG, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for Motrin 800mg #60 with 1 refill. Per 12/04/14 progress report, the patient is using Motrin, Prilosec and Horizant. Regarding work statue, the treater states that the patient is permanent and stationary. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "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." NSAIDs are effective for chronic LBP, MTUS also states. In this case, the patient has been utilizing Motrin since at least 06/12/14. This patient does suffer from chronic low back pain for which the use of NSAIDs is indicated per MTUS. However, the treater does not document this medication's efficacy. MTUS page 60 require recording of pain and functional when medications are used for chronic pain. The request is not medically necessary.