

Case Number:	CM15-0101943		
Date Assigned:	06/04/2015	Date of Injury:	09/21/2006
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

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 56 year old female who sustained a work related injury September 21, 2006, after a fall with injury to her neck, low back, and shoulder. Past history included s/p laminotomy with anterior fusion L4-5, September 2010, disc removal and fusion C3-C4, July 2010, asthma, and GERD (gastroesophageal reflux disease). According to a neurology and pain management physician's office visit, dated February 20, 2015, the injured worker presented as a follow-up and medication review with no physical examination performed. He documents there are no significant interval changes. Medications are well tolerated and refills are provided. Assessments are documented as other chronic pain; pain in joint upper arm; degenerative cervical intervertebral disc; degenerative lumbar/lumbosacral intervertebral disc; cervicalgia; lumbago; thoracic/lumbosacral neuritis/radiculitis unspecified. At issue, is the request for Neurontin and unknown prescription of Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Neurontin 300mg #90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: Based on the 01/16/15 progress report provided by treating physician, the patient presents with neck pain that radiates to upper extremities, right wrist pain, and low back pain that radiates to the lower extremities. The patient is status post laminectomy with anterior fusion L4-5 September 2010, and disc removal and fusion C3-C4 July 2010. The request is for 1 Prescription of Neurontin 300mg #90 with 2 refills. RFA not provided. Patient's diagnosis on 02/20/15 includes other chronic pain; pain in joint upper arm; degenerative cervical intervertebral disc; degenerative lumbar/lumbosacral intervertebral disc; cervicgia; lumbago; thoracic/lumbosacral neuritis/radiculitis unspecified. The patient ambulates with altered gait utilizing a cane. Physical examination to the cervical spine on 01/16/15 revealed tenderness to palpation to midline cervical spine, paracervical musculature, upper trapezius, and levator scapulae bilaterally. Well-healed surgical scars noted on cervical and lumbar spines. Treatment to date included surgeries, imaging studies, lumbar trigger point injection 09/25/14, home exercise program and medications. Patient's medications include Neurontin, Protonix, Norco, Ultram and Voltaren. The patient has Restrictions and Disabilities, per 02/20/15 report; and has reached Maximal Medical Improvement, per 01/16/15 report. Treatment reports were provided from 09/03/14 - 02/20/15. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, 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." Neurontin has been included in patient's medications, per progress reports dated 09/05/14, 11/03/14, and 02/20/15. It is not known when Neurontin was initiated. Per 02/20/15 report, "medications are well tolerated and refills are provided." Given patient's symptoms and diagnosis, Neurontin would appear to be indicated. However, treater has not provided medical rationale for the request, nor discussed medication efficacy. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Therefore, the request is not medically necessary.

Unknown Prescription of Protonix: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular.

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

Decision rationale: Based on the 01/16/15 progress report provided by treating physician, the patient presents with neck pain that radiates to upper extremities, right wrist pain, and low back pain that radiates to the lower extremities. The patient is status post laminectomy with anterior fusion L4-5 September 2010, and disc removal and fusion C3-C4 July 2010. The request is for Unknown Prescription of Protonix. RFA not provided. Patient's diagnosis on 02/20/15 includes other chronic pain; pain in joint upper arm; degenerative cervical intervertebral disc; degenerative lumbar/lumbosacral intervertebral disc; cervicgia; lumbago; thoracic/lumbosacral neuritis/radiculitis unspecified. The patient ambulates with altered gait utilizing a cane. Physical

examination to the cervical spine on 01/16/15 revealed tenderness to palpation to midline cervical spine, paracervical musculature, upper trapezius, and levator scapulae bilaterally. Well-healed surgical scars noted on cervical and lumbar spines. Treatment to date included surgeries, imaging studies, lumbar trigger point injection 09/25/14, home exercise program and medications. Patient's medications include Neurontin, Protonix, Norco, Ultram and Voltaren. Per 02/20/15 report, "medications are well tolerated and refills are provided." The patient has Restrictions and Disabilities, per 02/20/15 report; and has reached Maximal Medical Improvement, per 01/16/15 report. Treatment reports were provided from 09/03/14 - 02/20/15. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Prilosec was prescribed in progress report dated 07/01/14 and 11/20/14. In this case, the patient is on oral NSAID for which prophylactic use of PPI would be indicated by guidelines. However, there is no mention of dyspepsia due to NSAID therapy or any GI symptoms. Furthermore, therefore, the request for Prilosec is not medically necessary. Protonix has been included in patient's medications, per progress reports dated 09/05/14, 11/03/14, and 02/20/15. It is not known when Protonix was initiated. Per 10/31/14 report, treater indicates the patient has gastrointestinal digestive problems, and treater indicates "stomach upset," per 01/16/15 report. The patient has a past history of GERD (gastroesophageal reflux disease), and Voltaren in included in prescriptions. Given patient's symptoms, continued use of Protonix would appear to be indicated by guidelines. However, there is no discussion of how the patient is doing with the PPI, and with what efficacy. The patient has been taking a PPI at least since 09/05/14, which is 9 months from UR date of 05/19/15, and treater does not discuss why this medication should be continued. Furthermore, the request does not indicate quantity or duration. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.