

Case Number:	CM15-0107005		
Date Assigned:	06/11/2015	Date of Injury:	11/01/2010
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female, who sustained an industrial injury on 11/01/2010. According to a progress report dated 04/15/2015, subjective complaints included low back pain. She reported pain to be the same. Pain was described as sharp, burning, throbbing, pins and needles, tingling and numbness. Pain was rated 8 on a scale of 0-10. Pain was constant brought on with bending, sitting and better with constant change in position. She was currently medicated on Motrin and Gabapentin. She was unable to get Omeprazole as this was denied. She struggled to do her exercises because of pain but tried to walk on a regular basis. She had been off work per permanent and stationary. Impression included lumbar facet arthropathy, right lumbar radiculitis, history of diabetes and hypertension non-industrial and evidence of demyelinating sensory peripheral neuropathy. The injured worker had complaints of gastrointestinal problems, which included nausea and stomach pain. The treatment plan included Motrin, Prilosec and Gabapentin. Currently under review is the request for Motrin, Gabapentin and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg quantity 60 with four refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in November 2010 and continues to be treated for low back pain with right lower extremity radicular symptoms. Patients have included Motrin and Omeprazole. Gabapentin was being prescribed a total dose of 1800 mg per day. In February 2015 she was having ongoing gastrointestinal problems any change to Celebrex was planned. When this was denied, she started taking Motrin again. When seen, pain was rated at 8/10. She was trying to exercise but having difficulty due to pain. Physical examination findings included lumbar paraspinal tenderness with decreased range of motion and pain with extension. Lumbar facet stressing was positive. There was a normal neurological examination. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of Motrin (ibuprofen) ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.

Gabapentin 600mg quantity 90 with four refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 16.

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

Decision rationale: The claimant sustained a work injury in November 2010 and continues to be treated for low back pain with right lower extremity radicular symptoms. Patients have included Motrin and Omeprazole. Gabapentin was being prescribed a total dose of 1800 mg per day. In February 2015 she was having ongoing gastrointestinal problems any change to Celebrex was planned. When this was denied, she started taking Motrin again. When seen, pain was rated at 8/10. She was trying to exercise but having difficulty due to pain. Physical examination findings included lumbar paraspinal tenderness with decreased range of motion and pain with extension. Lumbar facet stressing was positive. There was a normal neurological examination. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with recommended guidelines and therefore medically necessary.

Omeprazole 20mg quantity 30 with four refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in November 2010 and continues to be treated for low back pain with right lower extremity radicular symptoms. Patients have included Motrin and Omeprazole. Gabapentin was being prescribed a total dose of 1800 mg per day. In February 2015 she was having ongoing gastrointestinal problems any change to Celebrex was planned. When this was denied, she started taking Motrin again. When seen, pain was rated at 8/10. She was trying to exercise but having difficulty due to pain. Physical examination findings included lumbar paraspinal tenderness with decreased range of motion and pain with extension. Lumbar facet stressing was positive. There was a normal neurological examination. Guidelines recommend consideration of a proton pump inhibitor such as Omeprazole for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Motrin at the lowest recommended dose and has a history of gastrointestinal upset. Options would be a COX-2 selective medication such as Celebrex as was requested or continuation of Motrin with a proton pump inhibitor. Since the Celebrex was not approved, Omeprazole was medically necessary.