MAXIMUS Federal Services

Case Number:	CM15-0137242		
Date Assigned:	07/27/2015	Date of Injury:	01/08/2013
Decision Date:	08/27/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/15/2015

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: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65 year old female, who sustained an industrial injury on 1/08/2013. Diagnoses include protrusion 5mm at L4-5 with bilateral L5 radiculopathy left greater than right. Treatment to date has included diagnostics, medications, heat and cold application, physical therapy, acupuncture, left L4-5 transforaminal epidural steroid injection (5/15/2015), transcutaneous electrical nerve stimulation (TENS), lumbar sacral orthosis (LSO), home exercise and activity modification. Current medications include Cyclobenzaprine, Ibuprofen and Pantoprazole. Per the Primary Treating Physician's Progress Report dated 6/01/2015, the injured worker reported 8/10 low back pain with increasing left greater then right lower extremity symptoms. She recalls a failed epidural steroid injection on 5/15/2015. Physical examination revealed tenderness to the lumbar spine with decreased ranges of motion. There was a positive straight leg raise, left for pain to foot, and right for pain to distal calf. The plan of care included medication management and authorization was requested for topical anti-epileptic cream and Gabapentin, Cyclobenzaprine, Protonix (pantoprazole) and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Anti-epileptic cream drug: Gabapentin 300 g, Qty 1 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: MTUS does not recommend topical gabapentin. The treating physician has documented good previous response to oral agents for neuropathic pain, which the injured worker was unfortunately unable to tolerate due to side effects. She reports reduction of pain by 5 points on a 10 point scale with use of topical gabapentin, with improved range of motion. Because of intolerance to oral medications recommended by MTUS for neuropathic pain and documented significant symptomatic and functional improvement with trial of topical gabapentin, exception is made to the MTUS recommendation and the requested topical gabapentin is medically necessary.

Cyclobenzaprine 10 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 of 127.

Decision rationale: MTUS recommends cyclobenzaprine for short-term use only, and notes that effect is greatest in the first 4 days of treatment. MTUS does not support the chronic, continuous use of muscle relaxants. The requested cyclobenzaprine is not medically necessary.

Pantoprazole 20 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects; NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68, 72, 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

Decision rationale: Office notes document ongoing use of oral ibuprofen and the proton pump inhibitor (PPI) pantoprazole. MTUS recommends proton pump inhibitors (PPIs) as gastroprotective agents for patients receiving oral NSAIDs who report dyspepsia or have risk factors for gastrointestinal adverse events. Due to the injured worker's age of 65, she is considered at increased risk for gastrointestinal adverse events with oral NSAID use. The requested pantoprazole is therefore reasonable and medically necessary as a gastroprotective agent while the injured worker remains on oral NSAIDs.