

Case Number:	CM15-0149464		
Date Assigned:	08/12/2015	Date of Injury:	07/01/2002
Decision Date:	09/15/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	08/03/2015

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: California, Massachusetts
 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 64 year old male, who sustained an industrial injury on 7-1-2002. He reported pain in his right shoulder, right wrist, right knee and low back after falling from a ladder. Diagnoses have included right shoulder residual impingement syndrome and adhesive capsulitis, right wrist sprain-strain, lumbar spine sprain-strain and multilevel degenerative disc disease, chronic right lumbar radiculopathy and neuropathic pain in the right leg, right knee sprain-strain and chronic pain syndrome. Treatment to date has included surgery, injections, physical therapy, spinal cord stimulator trial (unsuccessful), a Functional Restoration Program and medication. According to the progress report dated 6-18-2015, the injured worker complained of pain in his right knee, right shoulder, right wrist and low back. He rated his pain as eight out of ten. Review of systems was positive for numbness, headaches, joint pain, stiffness, depression, anxiety, stress and insomnia. Objective findings revealed decreased painful range of motion of the lumbar spine. The injured worker ambulated with an antalgic gait. Authorization was requested for Prilosec and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms Page(s): 68.

Decision rationale: CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommended that it be used at the lowest dose for the shortest possible amount of time. The IW has been prescribed a proton pump inhibitor for an appropriate clinical reason based on the guidelines: there is evidence of medication related gastritis documented in the clinic record. Additionally the patient is not at increased risk of gastritis due to history of peptic ulcer and concurrent use of NSAID. Considering the cited guideline and supporting records, the medication is medically necessary at this time.

Neurontin 800mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: According to CA MTUS "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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life, recommended for neuropathic pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007)" From my review of the medical records provided the IW has objective evidence and subjective symptoms that are consistent with neuropathic pain. Based on the cited guidelines and reviewed records, continued use of gabapentin is medically necessary.

Neurontin 400mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: According to CA MTUS "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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life, recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007)"From my review of the medical records provided the IW has objective evidence and subjective symptoms that are consistent with neuropathic pain. Based on the cited guidelines and reviewed records, continued use of gabapentin is medically necessary.