

<b>Case Number:</b>	CM15-0161246		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 62 year old female who sustained an industrial injury on 09-19-2012 resulting in injury to the low back after falling. Treatment provided to date has included: lumbar spine surgery (2013) resulting in complications with the loss of bladder control and loss of sensation in the lower extremities; debridement of eschar to the lateral right heel. Other treatments have included physical therapy, rehabilitation, medications, home health services, and conservative therapies/care. Recent diagnostic testing has include: cytometry (2015) showing sensory neurogenic bladder associated overflow incontinence, MRIs of the lumbar spine (latest dated 08-2013) showing recent laminectomy, fluid collection in the surgical bed at the expected location with multilevel severe spinal stenosis. Other noted dates of injury documented in the medical record include: industrial injury to the neck and right shoulder on 02-22-2013, and motor vehicle accident 04-2015 resulting in aggravation of neck injury and head injury. There were no noted comorbidities. On 07-14-2015, physician progress report (PR) noted complaints of low back pain. There was no pain rating or description of pain mentioned. Additional complaints included improving right heel pain. The physical exam revealed pressure sore to the right heel. The provider noted diagnoses of discogenic syndrome of the lumbar spine, and sprains and strains of the sacroiliac region. Plan of care includes refill of medications, continued physical therapy and follow-up. The injured worker's work status remained totally disabled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocortisone CA .25mg quantity 12 with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com, Hydrocortisone.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** The medication, Hydrocortisone AC .25mg is a topical corticosteroid that is used as an anti-inflammatory and anti-pruritic agent. The medication is used for the relief of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. In this case, there is no documentation of physical exam findings to warrant authorization for this treatment. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Omeprazole 40mg quantity 90 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter, PPI's.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

**Levoxyll .75mcg quantity 90 with two refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** Levoxyll (Levothyroxine) is used in the treatment of primary, secondary (pituitary), and tertiary (hypothalamic) hypothyroidism. It is a synthetic thyroid hormone that is chemically identical to thyroxine (T4). In this case, there is no medical indication for this

medication. There is no documentation of thyroid levels. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Gabapentin 300mg quantity 180 with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. According to California MTUS Guidelines, Anti-Epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Gabapentin (Neurontin) is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of AEDs is a 30-50% reduction in pain. The MTUS states; "A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. A lack of response of this magnitude may indicate the need for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." In this case, the injured worker has been taking gabapentin (Neurontin) for several months with no significant measurable improvement in pain or function documented with this medication. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.