

<b>Case Number:</b>	CM15-0164031		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 6-25-09. The injured worker has complaints of low back pain. The documentation noted straight leg raise gives the injured worker back pain and buttock pain on the right side at 60 degrees. The diagnoses have included discogenic lumbar condition from L2 through S1 (sacroiliac) with nerve studies initially negative in 2009 and showing S1 (sacroiliac) radiculopathy in 2013 and chronic pain syndrome with associated element of sleep, stress, depression and anxiety, sexual dysfunction and gastroesophageal reflux disease. Treatment to date has included magnetic resonance imaging (MRI) showed disc disease from L2 to S1 (sacroiliac) with facet changes; nerve studies showed bilateral S1 (sacroiliac) radiculopathy; trazodone; protonix; neurontin; flexeril; ativan; percocet and effexor. The request was for aciphex 20mg #30 and gabapentin 600mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68-69.

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

**Decision rationale:** Aciphex 20mg #30 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor as a utilization review dated 7/23/15 deemed the patient's NSAID not medically necessary. Therefore, the request for Aciphex is not medically necessary.

**Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** Gabapentin 600mg # 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of anti-epileptics such as Neurontin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Gabapentin for neuropathic pain, however, there is no significant evidence of functional improvement or documentation of efficacy related to Gabapentin on the documentation submitted. Therefore, the request for continued Gabapentin is not medically necessary.