

Case Number:	CM15-0166145		
Date Assigned:	09/03/2015	Date of Injury:	01/11/2008
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/24/2015

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

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 01-11-2008. On provider visit dated 07-21-2015 the injured worker has reported low back pain with pain that radiates into the bilateral lower extremities. On examination a mild antalgic gait was noted. And lumbar spine was noted to have a decreased range of motion. Tenderness to palpation of the lumbar paravertebral muscles were noted and muscle spasm of the lumbar paravertebral muscles. Straightly leg raise was positive on the left. The diagnoses have included lumbar myospasm, lumbar radiculopathy and lumbar sprain-strain. Treatment to date has included injections and medication. The injured worker was permanent and stationary. The provider requested retro Pantoprazole 20mg and retro Amitriptyline HCL 10 %, Gabapentin 10 %, Bupivacaine HCL 5%, and Hyaluronic acid 0fe.2% in cream base 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Pantoprazole 20mg 1 PO BID PRN #60: 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 rationale: The patient presents with low back pain that radiates into the bilateral lower extremities. The current request is for Retro Pantoprazole 20mg 1 PO BID PRN #60. The treating physician report dated 5/21/15 (20B) states, "Pantoprazole 20mg QTY: 60 1 PO BID PRN stomach pain." The MTUS guidelines state Pantoprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, while there was evidence provided of current NSAID use in the form of Ibuprofen, there was no discussion or indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. Furthermore, there was no documentation of the medications efficacy in treating the patient's symptoms as required by the MTUS on page 60. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. The current request is not medically necessary.

Retro Amitriptyline HCL 10 %, Gabapentin 10 %, Bupivacaine HCL 5%, and Hyaluronic acid 0.2% in cream base 240 grams: 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): Topical Analgesics.

Decision rationale: The patient presents with low back pain that radiates into the bilateral lower extremities. The current request is for Retro Amitriptyline HCL %, Gabapentin 10 %, Bupivacaine HCL 5%, and Hyaluronic acid 0.2% in cream. The treating physician report dated 5/21/15 (20B) states, "Topical medications were prescribed in order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications. As well as upper GI bleeding from the use of NSAID's medications." Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case Gabapentin is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. The current request is not medically necessary.