

<b>Case Number:</b>	CM15-0169695		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	10/18/2009
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Massachusetts

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

### 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 44 year old who sustained an industrial injury on 10-08-09. A review of the medical records indicates that the injured worker is undergoing treatment for severe back pain, post laminectomy syndrome, spinal stenosis, radiculopathy, and neuropathic pain. Medical records (08-03-15) indicate decreased range of motion in the lumbar spine. Treatment has included back surgeries, physical therapy, and medications. The treating provider indicates the plan of care includes a urine drug screen and medications including gabapentin and omeprazole. There is no documentation of gastrointestinal disease. The original utilization review (08-13-15) non-certified the gabapentin and omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30 units Refills 3:** 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 claimant sustained a work injury in October 2009 and continues to be treated for chronic back pain including a diagnosis of post laminectomy syndrome. When seen, her condition was unchanged. Physical examination findings included an antalgic gait with use of a cane. There was decreased and painful lumbar spine range of motion with muscle spasms. There was decreased left lower extremity sensation and decreased bilateral lower extremity strength. Left straight leg raising was positive. Medications were refilled. Neurontin was being prescribed at a dose of 900 mg per day. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of omeprazole was not medically necessary.

**Gabapentin 300mg #90 units Refills: 3:** 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): Anti-epilepsy drugs (AEDs).

**Decision rationale:** The claimant sustained a work injury in October 2009 and continues to be treated for chronic back pain including a diagnosis of post laminectomy syndrome. When seen, her condition was unchanged. Physical examination findings included an antalgic gait with use of a cane. There was decreased and painful lumbar spine range of motion with muscle spasms. There was decreased left lower extremity sensation and decreased bilateral lower extremity strength. Left straight leg raising was positive. Medications were refilled. Neurontin was being prescribed at a dose of 900 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment, there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended in no titration is being planned and it there is no evidence of efficacy at the current dose. Ongoing prescribing at this dose is not medically necessary.