

<b>Case Number:</b>	CM15-0180108		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	11/29/2008
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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

Certification(s)/Specialty: Emergency 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 65 year old male, who sustained an industrial injury on 11-29-2008. He has reported subsequent low back pain and left leg pain, numbness and tingling and was diagnosed with discogenic lumbar condition status post three interventional treatments and chronic pain syndrome. X-ray of the lumbar spine on 03-25-2015 showed multilevel degenerative changes, demonstrated by early osteophytosis and endplate sclerosis, most prevalent at L4-L5 and status post posterior fusion at L2-L5 with cement noted within L2. Treatment to date has included oral pain medication, aqua therapy, physical therapy, a home exercise program and surgery. The level of effectiveness of medications for pain relief and functional improvement was not documented. Documentation shows that Gabapentin was prescribed for neuropathic pain since at least 04-06-2015 and Protonix was prescribed for stomach upset at least as far back as 04-06-2015. The most recent gastrointestinal examination findings documented on 07-15-2015 were within normal limits. In a progress note dated 08-17-2015, the injured worker reported intermittent low back pain as well as left leg numbness and tingling. Objective examination findings showed tenderness across the lumbar paraspinal muscles, pain along the facets and pain with facet loading. The injured worker was noted to be off work and receiving state disability. A request for authorization of Gabapentin 600 mg #90 and Protonix 20 mg #60 was submitted. As per the utilization review on 09-02-2015, the request for Gabapentin was modified from Gabapentin 600 mg #90 to certification of Gabapentin 600 mg #60 and the request for Protonix was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90:** 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:** Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. There is poor evidence its use in radicular pain. Pt has been on this medication chronically with no documentation of actual benefit. There is no documentation of any objective improvement with only some vague reports of subjective improvement. Gabapentin is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Protonix is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. Patient is not on any NSAIDs. Patient has "stomach upset" with no details that is consistent with dyspepsia. It is unclear why protonix is being prescribed since patient is not on an NSAID. Protonix is not considered a first line PPI. Protonix is not medically necessary.