

Case Number:	CM15-0180522		
Date Assigned:	09/22/2015	Date of Injury:	01/31/2014
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	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: 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 63 year old male, who sustained an industrial injury on 1-31-14. The injured worker is undergoing treatment for lumbar spinal stenosis, thoracic or lumbosacral neuritis or radiculitis, lumbago and spasm of muscle. Medical records dated 8-17-15 indicate the injured worker complains of unrelenting back and leg pain. He reports right lower extremity muscle twitching, cramps and pain that keeps him awake at night. Physical exam dated 8-17-15 notes positive straight leg raise on the right, L5-S1 fasciculations and visible muscle atrophy. Treatment to date has included magnetic resonance imaging (MRI) 2, 2014 indicating post-discectomy changes at L4-5, lab work on 7-21-15 with elevated liver function test (LFT) and medication. The original utilization review dated 9-4-15 indicates the request for ibuprofen 800mg #90 with 2 refills, Prilosec 20mg #60 with 2 refills and lab work is non-certified and Gabapentin 300mg #90 with 2 refills is modified to Gabapentin 300mg #90 without refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 2 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for ibuprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that ibuprofen is providing any specific objective functional improvement. In the absence of such documentation, the current request is not medically necessary.

Prilosec 20mg #60 with 2 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 rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Gabapentin 300mg #90 with 2 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: Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the current request is not medically necessary.

One CBC, hepatic panel and Chem 8: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Complete Blood Count (<http://labtestsonline.org/understanding/analytes/cbc/tab/test>), Medline Plus Online, BMP www.nlm.nih.gov/medlineplus/ency/article/003462.htm, Liver Function Testing <https://labtestsonline.org/understanding/analytes/liver-panel/tab/test/>.

Decision rationale: Regarding the request for CBC, chem 8 (BMP), and hepatic function panel (liver function test), California MTUS and ODG do not address the issue. A liver panel may be used to screen for liver damage, especially if someone has a condition or is taking a drug that may affect the liver. A liver panel or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments. Within the documentation available for review, there is documentation of previous abnormal liver function studies. However, there is no documentation regarding how the management will change based on these results. As such, the currently requested hepatic function panel is not medically necessary. Regarding the request for CBC, the California MTUS and ODG do not address the issue except in the context of monitoring this lab periodically for patients on long term NSAIDs. Therefore, more thorough guidelines are found in terms of defining the CBC, which consists of measures of hemoglobin, hematocrit, white blood count, and platelets. Within the documentation available for review, there is no documentation identifying the medical necessity of these tests. A CBC is ordered to evaluate various conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia, etc. None of these conditions or another condition for which this test would be appropriate are documented. In light of the above issues, the current request is not medically necessary.