

Case Number:	CM15-0183923		
Date Assigned:	09/24/2015	Date of Injury:	03/12/2013
Decision Date:	10/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/18/2015

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 62 year old female who sustained an industrial injury on 03-12-2013. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for bilateral lumbosacral strain, bilateral lumbosacral radiculopathy, left knee pain, left ankle pain, left foot pain, and myofascial pain syndrome. Treatment and diagnostics to date has included electromyography-nerve conduction velocity studies, MRI's, and medications. Current medications include Naprosyn, Omeprazole, Neurontin, Cymbalta, Mirtazapine, Colace, Ambien, Tylenol No. 2, and Lovastatin. Electromyography-nerve conduction velocity studies performed on 03-16-2015 showed evidence of left severe carpal tunnel syndrome and right moderate carpal tunnel syndrome without evidence of cervical radiculopathy per permanent and stationary evaluation dated 09-01-2015. In the same permanent and stationary evaluation, the injured worker had reported pain in the bilateral iliolumbar ligaments with some radiation down both lower extremities with intermittent numbness and tingling sensations affecting both legs. Objective findings included tenderness in the bilateral iliolumbar ligament with muscle spasms and trigger points in the bilateral lumbosacral paraspinal muscles, decreased light touch sensation in the bilateral L4, L5, and S1 distribution, and positive straight leg raise test. The Utilization Review with a decision date of 09-16-2015 modified the request for Naprosyn 550mg 1 tablet by mouth two times a day, Omeprazole 20mg 1 tablet by mouth every day, and Neurontin 600mg three times a day to Naprosyn 550mg x one month supply, Omeprazole 20mg x one month supply, and Neurontin 600mg x one month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg 1 tablet by mouth two times a day: Overturned

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), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in March 2013 occurring when she was pushing her cleaning cart across a street and it struck a pothole and she lost control with twisting injuries to the left knee, ankle, and low back. In July 2013 medications were prescribed including omeprazole for gastrointestinal prophylaxis and gabapentin for paresthesias. Naprosyn was also prescribed. When seen, she continued to have iliolumbar ligament pain with radiating lower extremity symptoms and intermittent numbness and tingling. She was having left knee buckling and left ankle and foot pain and was using a cane. Maximum medical improvement was determined and a 43% whole person impairment was assigned. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has persistent chronic pain and the requested dosing is within guideline recommendations. The request is considered medically necessary.

Omeprazole 20mg 1 tablet by mouth every day: 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 March 2013 occurring when she was pushing her cleaning cart across a street and it struck a pothole and she lost control with twisting injuries to the left knee, ankle, and low back. In July 2013 medications were prescribed including omeprazole for gastrointestinal prophylaxis and gabapentin for paresthesias. Naprosyn was also prescribed. When seen, she continued to have iliolumbar ligament pain with radiating lower extremity symptoms and intermittent numbness and tingling. She was having left knee buckling and left ankle and foot pain and was using a cane. Maximum medical improvement was determined and a 43% whole person impairment was assigned. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is

no documented history of dyspepsia secondary to the currently prescribed non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) is not considered medically necessary.

Neurontin 600mg three times a day: 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: The claimant sustained a work injury in March 2013 occurring when she was pushing her cleaning cart across a street and it struck a pothole and she lost control with twisting injuries to the left knee, ankle, and low back. In July 2013 medications were prescribed including omeprazole for gastrointestinal prophylaxis and gabapentin for paresthesias. Naprosyn was also prescribed. When seen, she continued to have iliolumbar ligament pain with radiating lower extremity symptoms and intermittent numbness and tingling. She was having left knee buckling and left ankle and foot pain and was using a cane. Maximum medical improvement was determined and a 43% whole person impairment was assigned. Neurontin (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, prescribing Neurontin was appropriate, but there is no evidence of pain relief or improvement in function. Ongoing prescribing is not medically necessary.