

<b>Case Number:</b>	CM15-0191265		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 40 year old female, who sustained an industrial injury on 10-20-2014. The injured worker is undergoing treatment for cervical facet arthropathy and radiculopathy and carpal tunnel syndrome. Medical records dated 7-16-2015 indicate the injured worker complains of bilateral wrist and hand pain and neck pain described as throbbing and radiating to both arms and hands. She rates the pain 6 out of 10. She reports sleep difficulty due to pain. The treating physician on 7-16-2015 indicates "she denies history of ulcer or gastrointestinal (GI) bleed but does report history of reflux." Physical exam dated 7-16-2015 notes cervical facet loading with right greater than left and decreased range of motion (ROM). There is positive Hoffman's bilaterally and positive right side Tinel's and Phalen's test. Treatment to date has included Flexeril, Gabapentin, naproxen, Prilosec, Tylenol and physical therapy. The original utilization review dated 9-9-2015 indicates the request for Gabapentin 600mg #60, naproxen sodium 550mg #60 and omeprazole 20mg #60 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The request is for gabapentin, which is an anti-epilepsy drug used for the treatment of neuropathic pain. It has predominantly been shown to be effective for treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It has also shown benefit in other conditions, including lumbar stenosis, chronic regional pain syndrome and fibromyalgia. A "good" response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent; or (2) combination therapy if treatment with a single drug agent fails. 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 anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Regarding the injured worker, there is no clear documentation of a clear 30% reduction in pain to suggest a medical benefit from the continued use of gabapentin, especially for a diagnosis that is not clearly supported by the MTUS. Criteria of the MTUS guidelines for ongoing use have not been met, and the medical benefit is of doubt. Therefore, the request as submitted is not medically necessary.

**Naproxen Sodium 550mg #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 (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The request is for naproxen, which is a non-steroidal anti-inflammatory used for the treatment of mild to moderate pain. Non-steroidal anti-inflammatory drugs are recommended as an option for short-term symptomatic relief of acute exacerbation of chronic low back pain. However, non-steroidal anti-inflammatory drugs appear to be no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Non-steroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In general, non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Studies have shown that when non-steroidal anti-inflammatory drugs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. Regarding the injured worker, documentation provided suggested naproxen has been prescribed beyond what is supported by the MTUS guidelines. The risk of adverse effects are significantly

increased with prolonged use, and outweigh the medical benefit. Therefore, the request as submitted is not medically necessary.

**Omeprazole 20mg #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 request is for omeprazole, which is a proton pump inhibitor used to treat disorders of the stomach and esophagus. The MTUS guidelines support the use of a proton pump inhibitor in the following circumstances at increased risk for gastrointestinal side effects: (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. Without any risk factors for gastrointestinal disease, there is no clear indication to utilize a proton pump inhibitor in the treatment of an injured worker. The documentation provided does not support the ongoing use of NSAIDs, nor does it suggest that the injured worker is at increased risk for gastrointestinal disease as defined by the MTUS guidelines. The request as written is not supported by the MTUS and is therefore not medically necessary.