MAXIMUS Federal Services

Case Number:	CM15-0193123		
Date Assigned:	10/07/2015	Date of Injury:	03/05/2003
Decision Date:	11/20/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female who sustained an industrial injury on 3-5-03. The injured worker reported increased back pain. A review of the medical records indicates that the injured worker is undergoing treatments for strains and sprains lumbar region and chronic pain. Provider documentation dated 7-30-15 noted the work status as remain off work until 8-27-15. Treatment has included Lorzone since at least July of 2015, ice and heat application, Norco since at least August of 2014, Klonopin since at least August of 2014, Gabapentin since at least August of 2014, and Skelaxin since at least August of 2014. Objective findings dated 7-30-15 were notable for lower extremities with pitting edema, no skin breakdown, lumbar area with tenderness and some spasms. The original utilization review (9-2-15) denied a request for Gabapentin 800 mg, 30-day supply, Qty 150 and Omeprazole cap 20 mg, 30-day supply, Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800 mg, 30 day supply, Qty 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The injured worker sustained a work related injury on 3-5-03. The medical records provided indicate the diagnosis of strains and sprains lumbar region and chronic pain. Treatments have included Lorzone, ice and heat application, Norco, Klonopin, Gabapentin since at least August of 2014, and Skelaxin. The medical records provided for review do not indicate a medical necessity for Gabapentin 800 mg, 30 day supply, Qty 150. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The antiepileptic drugs have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non- specific axial low back pain. The medical records indicate the injured worker has been taking this medication at least since 08/2014 without overall improvement. There is no documentation of at least 30 % reduction in pain due to the use of the medication. The request is not medically necessary.

Omeprazole cap 20 mg, 30 day supply, Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The injured worker sustained a work related injury on 3-5-03. The medical records provided indicate the diagnosis of strains and sprains lumbar region and chronic pain. Treatments have included Lorzone, ice and heat application, Norco, Klonopin, Gabapentin since at least August of 2014, and Skelaxin. The medical records provided for review do not indicate a medical necessity for Omeprazole cap 20 mg, 30 day supply, Qty 60. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at high risk for gastrointestinal events if they are being treated with NSAIDs. The records indicate the injured worker has been on Mobic (an NSAID) at least since 08/2014. The MTUS does not recommend the long term use of NSAIDs due to the risk of renal failure, liver damage, hypertension, decreased bone and soft tissue healing. Therefore, it is not medically necessary to continue the use of NSAIDs (the MTUS recommends them only for acute use). Consequently the requested treatment is not medically necessary.