

Case Number:	CM15-0197534		
Date Assigned:	10/13/2015	Date of Injury:	07/14/2010
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/07/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 48 year old male who sustained an industrial injury on 07-14-2010. A review of the medical records indicated that the injured worker is undergoing treatment for multi-level cervical disc herniation, compression fracture to T9 and T12, thoracic disc displacement without myelopathy, thoracalgia, and lumbar disc displacement without myelopathy and post traumatic gastritis, depression and aggravated hypertension. The injured worker is status post anterior and posterior decompression and fusion at L3 through L5 on 02-11-2014. According to the treating physician's progress report on 08-20-2015, the injured worker continues to experience right mid back and bilateral lower back pain radiating to the bilateral hips rated at 9 out of 10, upper back pain rated at 8 out of 10 and posterior neck pain associated with stiffness, decreased range of motion rated at 8 out of 10 on the pain scale. Examination of the cervical spine demonstrated tenderness in the cervical area bilaterally with decreased range of motion and positive bilateral foraminal compression and Spurling's tests. The examination of the thoracic spine noted tenderness with pain in the spinous process at T8 through T12. The examination of the lumbar spine noted bilateral tenderness to palpation in the spinous process at L3 through S1 with positive straight leg raise on the right with radiation and bilateral positive Kemp's tests. Decreased motor strength of the upper extremities was noted bilaterally at the deltoids and finger flexors. The lower extremity motor strength was decreased at the iliopsoas, quadriceps, adductors and foot flexors bilaterally and the left tibialis on the left only. Lumbar spine Computed Tomography (CT) performed on 08-17-2015 with official report was included in the medical review. Prior treatments have included diagnostic testing, lumbar epidural steroid

injection, transcutaneous electrical nerve stimulation (TENS) unit, surgery, physical therapy, back support and medications. Current medications were listed as Butrans patch 15mcg weekly, Norco 10mg-325mg, Baclofen, Tramadol ER, Gabapentin, Xanax, Prozac and Omeprazole. The injured worker has been on these medications since at least 01-20-2015. Treatment plan consists of the retrospective request for Gabapentin or Neurontin 400mg Qty: 180, twice daily, Tramadol 150mg Qty: 90 every 12 hours and Prilosec 20mg Qty: 60 1 tab every 12 hours. On 09-14-2015, the Utilization Review determined the retrospective requests for Gabapentin or Neurontin 400mg Qty: 180, Tramadol 150mg Qty: and Prilosec 20mg Qty: 60 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Neurontin 400 mg Qty 180 (retrospective), 2 times daily: Upheld

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

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

Decision rationale: Per the guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to gabapentin to justify use. The medical necessity of gabapentin is not substantiated in the records. The request is not medically necessary.

Tramadol 150 mg Qty 90 (retrospective), every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated. The request is not medically necessary.

Prilosec 20 mg Qty 60 (retrospective), 1 tab every 12 hours: 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 Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole (Prilosec) is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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 (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole. The request is not medically necessary.