

Case Number:	CM15-0199036		
Date Assigned:	10/14/2015	Date of Injury:	07/04/2009
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 58 year old female, who sustained an industrial injury on 07-04-2009. The injured worker was diagnosed as having spinal stenosis of lumbar region. On medical records dated 07-30-2015 and 08-17-2015, the subjective complaints were noted as worsening low back pain. Objective findings were noted as weak hip flexors during squatting maneuver. Extreme tenderness with muscle guarding to the left-hand side. Sitting straight leg raise was noted as equivocal. Gait was shuffling and has difficulty with ambulation. Treatments to date included physical therapy, medication and urine toxicology review. Current medications were listed as Motrin, Prilosec, Gabapentin and Lidoderm patches. The Utilization Review (UR) was dated 09-08-2015. A request for Motrin 800mg #90 with 2 refills, Omeprazole 20 mg #30 with 2 refills and Gabapentin 300mg #90 with 2 refills was submitted. The UR submitted for this medical review indicated that the request for Motrin 800mg #90 with 2 refills, Omeprazole 20 mg #30 with 2 refills and Gabapentin 300mg #90 with 2 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks for which the claimant was on a PPI. Pain scores were not noted and the progress note in August 2015 indicated the medications did not make the claimant feel well. Continued use of Motrin with 2 additional refills is not medically necessary.

Omeprazole 20mg #30 with 2 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The continued use of Motrin as above was not necessary. Therefore, the continued use of Omeprazole is not medically necessary.

Gabapentin 300mg #90 with 2 refills: 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: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant did have neuropathic symptoms but the progress note in August 2015 indicated the medications did not make the claimant feel well. Consultation was made with a neurologist for neuropathic symptoms. Future need and response cannot be determined to

require Gabapentin with 2 refills. The request above is not medically necessary.