

Case Number:	CM15-0204867		
Date Assigned:	10/21/2015	Date of Injury:	03/29/2013
Decision Date:	12/02/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/19/2015

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

Certification(s)/Specialty: Internal 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:

This injured worker is a 46 year old male, who sustained an industrial injury on 03-29-2013. The injured worker was diagnosed as having knee pain, back pain- lower, cervicalgia-neck pain, shoulder pain, SLAP tear and depression. On medical records dated 10-01-2015, the subjective complaints were noted as pain in lower back, neck, right -left knee, left shoulder and left wrist. Numbness in left upper extremity was noted as well. The injured worker reported that Gabapentin helps for neuropathic pain. Medication was noted to help with pain about 30 to 40 % and GI upset was noted to be controlled with Omeprazole. Objective findings were noted as tenderness to palpation in cervical paraspinal muscles and left shoulder. Treatments to date included medication, TENS, home exercise program and physical therapy. The injured worker was noted to be working. Current medications were listed as Gabapentin, Lidopro ointment, Tramadol, Omeprazole, Naproxen and Bupropion XL. The Utilization Review (UR) was dated 10-19-2015. A Request for Authorization was dated 10-01-2015. The UR submitted for this medical review indicated that the request for Retro: Gabapentin 300mg #60 and Retro: Omeprazole 20mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Gabapentin 300mg #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-epilepsy drugs (AEDs).

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records did not document that the patient had neuropathic pain related to his chronic pain condition. Neurontin has been part of his medical regimen but there was no documentation of objective functional improvement with regular use of this medication. Medical necessity for the requested medication was not established. The requested medication is not medically necessary.

Retro: Omeprazole 20mg #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 Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There was no documentation indicating that this patient had any GI symptoms or risk factors. Based on the available information provided for review, the patient was not maintained on NSAIDs. The medical necessity for Omeprazole was not established. The requested medication is not medically necessary.