

Case Number:	CM15-0205271		
Date Assigned:	10/22/2015	Date of Injury:	08/06/2013
Decision Date:	12/03/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 8-6-2013. A review of the medical records indicates that the injured worker is undergoing treatment for acquired spondylolisthesis, brachial neuritis, displaced cervical intervertebral disc, and rotator cuff tear. On 8-10-2015, the injured worker reported severe right trapezial pain down the right arm, forearm, and hand with weakness in the right arm, and severe headaches daily. The Primary Treating Physician's report dated 8-10-2015, noted the injured worker's visual analog scale (VAS) was 8 out of 10. The injured worker's current medications were noted to include Naproxen Sodium, Gabapentin, Valium, Prilosec, Multivitamin, and Allerclear, all prescribed since at least 6-8-2015. The physical examination was noted to show the right shoulder tender on abduction and pain with resistance testing to shoulder abduction. The treatment plan was noted to include surgery modified to cervical fusion, with discontinuation of Motrin and addition of Norco. The injured worker's work status was noted to be temporarily totally disabled times six weeks. The request for authorization was noted to have requested Gabapentin 600mg #90, 1 tablet by mouth twice a day, Prilosec 20mg #30, 1 capsule by mouth daily, and Naproxen 550mg #60, 1 tablet by mouth twice a day. The Utilization Review (UR) dated 9-28-2015, non-certified the requests for Gabapentin 600mg #90, 1 tablet by mouth twice a day, Prilosec 20mg #30, 1 capsule by mouth daily, and Naproxen 550mg #60, 1 tablet by mouth twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90, 1 tablet by mouth twice a day: Overturned

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 claimant sustained a work injury in August 2013 and is being treated for radiating neck pain. An MRI of the cervical spine in May 2015 showed multilevel facet arthropathy and foraminal narrowing with left lateralization. In June 2015 she was having severe neck pain radiating to the right shoulder and into the right upper extremity. Medications being prescribed included gabapentin, Valium, naproxen, and Prilosec. Review of systems was negative for gastrointestinal problems. There was right upper extremity weakness with decreased sensation. The assessment references a failure of physical therapy and epidural injections. An anterior cervical decompression and fusion was recommended. In July 2015 she was progressively worsening. She was dropping objects with her right hand. She was having severe cervical and trapezius pain bilaterally. Surgery was again recommended. Naprosyn was refilled to help improve inflammation. In August 2015 pain was rated at 8/10. She was having severe daily headaches. A cervical spine fusion had been authorized. Norco was prescribed. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing of 1800 mg per day is consistent with that recommendation and she has neuropathic pain due to cervical spondylosis. Ongoing prescribing was medically necessary.

Prilosec 20mg #30, 1 capsule by mouth daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The claimant sustained a work injury in August 2013 and is being treated for radiating neck pain. An MRI of the cervical spine in May 2015 showed multilevel facet arthropathy and foraminal narrowing with left lateralization. In June 2015 she was having severe neck pain radiating to the right shoulder and into the right upper extremity. Medications being prescribed included gabapentin, Valium, naproxen, and Prilosec. Review of systems was negative for gastrointestinal problems. There was right upper extremity weakness with decreased sensation. The assessment references a failure of physical therapy and epidural injections. An anterior cervical decompression and fusion was recommended. In July 2015 she

was progressively worsening. She was dropping objects with her right hand. She was having severe cervical and trapezius pain bilaterally. Surgery was again recommended. Naprosyn was refilled to help improve inflammation. In August 2015 pain was rated at 8/10. She was having severe daily headaches. A cervical spine fusion had been authorized. Norco was prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) is not considered medically necessary.

Naproxen 550mg #60, 1 tablet by mouth twice a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDS.

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

Decision rationale: The claimant sustained a work injury in August 2013 and is being treated for radiating neck pain. An MRI of the cervical spine in May 2015 showed multilevel facet arthropathy and foraminal narrowing with left lateralization. In June 2015 she was having severe neck pain radiating to the right shoulder and into the right upper extremity. Medications being prescribed included gabapentin, Valium, naproxen, and Prilosec. Review of systems was negative for gastrointestinal problems. There was right upper extremity weakness with decreased sensation. The assessment references a failure of physical therapy and epidural injections. An anterior cervical decompression and fusion was recommended. In July 2015 she was progressively worsening. She was dropping objects with her right hand. She was having severe cervical and trapezius pain bilaterally. Surgery was again recommended. Naprosyn was refilled to help improve inflammation. In August 2015 pain was rated at 8/10. She was having severe daily headaches. A cervical spine fusion had been authorized. Norco was prescribed. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and medically necessary.