

Case Number:	CM15-0206372		
Date Assigned:	10/23/2015	Date of Injury:	11/01/2001
Decision Date:	12/09/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial-work injury on 11-1-01. He reported initial complaints of head, neck, shoulder, and back pain. The injured worker was diagnosed as having traumatic brain injury, gastritis, lumbar pain and possible lumbar disc disease, gastrointestinal bleeding, and anxiety and depression. Treatment to date has included medication. Currently, the injured worker complains of persistent headache down the neck, bilateral shoulder, low back pain extending to the right lower extremity associated weakness-spasm of bilateral hand, weakness in right leg, and an upset stomach. Meds include over the counter Aspirin for headache and Clonazepam for spasm. He is presently not working. Per the primary physician's progress report (PR-2) on 10-5-15, exam noted no focal neuromuscular deficits. Current plan of care includes adjustment and refill of medication along with retraining and returning to workplace. The Request for Authorization requested service to include Gabapentin 300mg #60 with 3 refills, Clonazepam 0.5mg #55, Omeprazole 20mg #30 with 3 refills. The Utilization Review on 10-13-15 modified the request for Gabapentin 300mg #45 with 0 refills, denied Clonazepam 0.5mg #55, and denied Omeprazole 20mg #30 with 3 refills, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60 with 3 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: MTUS discusses Gabapentin as an anti-epileptic drug which can be used to treat epilepsy or can be used off-label to treat neuropathic pain. The medical records in this case are unclear as to whether Gabapentin has been prescribed as an anti-epileptic given a history of traumatic brain injury or to treat neuropathic pain symptoms; in either case, the efficacy of the medication is unclear. Without further clinical details to support this request, this medication is not medically necessary.

Clonazepam 0.5mg #55: Upheld

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

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

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Omeprazole 20mg #30 with 3 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 rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; there is some discussion of gastritis, but the clinical rationale to reach that diagnosis and the data to support the effectiveness of omeprazole in this case and proposed duration of use are unclear. Therefore the request is not medically necessary.