

Case Number:	CM15-0207173		
Date Assigned:	10/23/2015	Date of Injury:	04/23/2014
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
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: California, Indiana, 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:

The injured worker is a 33-year-old male, who sustained an industrial injury on 04-23-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical disc displacement without myelopathy, and thoracic strain. Medical records (04-30-2015 to 09-02-2015) indicate ongoing intermittent neck pain, mid back pain, right hand pain and right shoulder pain that radiates to the right arm and hand. Pain levels were rated 6-10 out of 10 in severity on a visual analog scale (VAS). Records also indicate some improvement in symptoms, but do not indicate any changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-02-2015, revealed diminished sensation in the C7 dermatomes of the upper extremities, and use of assistive device with ambulation. No other abnormal findings were reported. Relevant treatments have included: 20-30 sessions of physical therapy (PT), work restrictions, and medications (gabapentin since at least 03-2015). The IW reported continued but improved mid back pain with PT. Naproxen was previously prescribed but discontinued due to gastrointestinal side effects. Medications were reported to be helpful. The request for authorization (09-14-2015) shows that the following medications were requested: gabapentin 600mg #90, and omeprazole 20mg #60. The original utilization review (09-21-2015) non-certified the request for gabapentin 600mg #90, and omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: 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) Pain section, Anti-epilepsy drugs (AEDs), Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are displacement cervical intervertebral disc without myelopathy; and strain of thoracic region. Date of injury is April 23, 2014. Request for authorization is September 14, 2015. According to a March 11, 2015 progress note, the treating provider prescribed gabapentin and omeprazole. Naprosyn was discontinued secondary to gastrointestinal side effects. According to a September 2, 2015 progress note, medications include gabapentin and omeprazole. Subjectively, there is intermittent neck, back, right hand and right shoulder pain. The documentation states the neck; back, right hand and right shoulder pain radiate to the right-hand and arm. Objectively, the injured worker ambulates with an assistive device. Cervical range of motion is full and there is decreased sensation at the C7 dermatome. Although the injured worker has subjective complaints of neuropathic pain, the documentation does not reflect objective functional improvement with the ongoing use of gabapentin. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no objective functional improvement to support the ongoing use of gabapentin, Gabapentin 600 mg #90 is not medically necessary.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured

worker's working diagnoses are displacement cervical intervertebral disc without myelopathy; and strain of thoracic region. Date of injury is April 23, 2014. Request for authorization is September 14, 2015. According to a March 11, 2015 progress note, the treating provider prescribed gabapentin and omeprazole. Naprosyn was discontinued secondary to gastrointestinal side effects. According to a September 2, 2015 progress note, medications include gabapentin and omeprazole. Subjectively, there is intermittent neck, back, right hand and right shoulder pain. The documentation states the neck; back, right hand and right shoulder pain radiate to the right-hand and arm. Objectively, the injured worker ambulates with an assistive device. Cervical range of motion is full and there is decreased sensation at the C7 dermatome. There are no comorbid conditions or risk factors for gastrointestinal events. There is no clinical indication or rationale in the medical record for proton pump inhibitors. The documentation indicates Naprosyn was discontinued secondary to gastrointestinal side effects. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for a proton pump inhibitor and documentation indicating Naprosyn was discontinued secondary to gastrointestinal side effects, Omeprazole 20 mg #60 is not medically necessary.