

Case Number:	CM15-0207803		
Date Assigned:	10/26/2015	Date of Injury:	06/13/2012
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 61 year old female who sustained an industrial injury on 6-13-12. A review of the medical records indicates that the worker is undergoing treatment for pain in joint of upper arm, cervical syndrome not elsewhere classified, lateral epicondylitis, and carpal tunnel syndrome. Subjective complaints (9-18-15) include neck pain, left upper extremity pain, and right upper extremity pain rated at 6 out of 10 and is associated with back pain, joint pain, muscle spasms, myalgias, and numbness and tingling of affected limbs. The worker reports medications are helping; before Norco pain is rated 7 out of 10 and after Norco pain is rated 5-6 out of 10. Objective findings (9-18-15) include restricted cervical, shoulder and lumbar range of motion, tenderness at the spinous process on L5, trapezius, sacroiliac joint, trochanter, glenohumeral joints and multiple trigger points over the iliotibial band. Work status was noted as temporary total disability and is currently not working. Current medications are Gabapentin 600mg, Naproxen Sodium, Hydrocodone-Acetaminophen, Soma, Pantoprazole, Xanax, Lunesta, and Methylprednisone. Previous treatment includes at least 8 acupuncture treatments (reported improvement), physical therapy, and cervical epidural steroid injection (9-16-15). A request for authorization is dated 9-18-15. On 9-28-15, the requested treatment of Gabapentin 500mg #90 and Omeprazole 20mg #60 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 500mg quantity 90 oral antiepileptic: 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: Gabapentin 500mg quantity 90 oral antiepileptic is medically necessary. CA MTUS 17-19 Recommended for neuropathic pain, pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did report improved function on her most recent office visit. Additionally, Neurontin is recommended for neuropathic pain. The claimant was diagnosed with Neuropathic pain; therefore, the requested medication is medically necessary.

Omeprazole 20mg quantity 60 oral proton pump inhibitor: 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: Omeprazole 20mg #60 oral proton pump inhibitor is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Omeprazole is therefore, not medically necessary.