

Case Number:	CM15-0025671		
Date Assigned:	02/18/2015	Date of Injury:	07/26/2011
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/10/2015

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: Florida
 Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 07/26/2011. She has reported pain in the neck, left shoulder, and left upper extremity. The diagnoses have included cervicalgia; fibromyositis; and left shoulder joint pain. Treatment to date has included medications, physical therapy, and home exercise program. Medications have included Norco, Gabapentin, Omeprazole, and Voltaren gel. Currently, the injured worker complains of pain in the left shoulder, neck, and left upper extremity; pain is rated at 7/10 on the visual analog scale; left shoulder has high sensitivity; left upper extremity numbness, intermittently in the fourth and fifth fingers radiating to the left elbow; and decreased function without medications. A progress report from the treating physician, dated 01/06/2015, included objective findings to consist of tenderness over the supraclavicular region; soft tissue tenderness noted over glenohumeral joint of the left upper extremity; muscle tenderness noted over trapezius of left upper extremity; and limited internal rotation of the left upper extremity. The treatment plan included request for prescription medications. On 01/15/2015 Utilization Review noncertified a prescription for Gabapentin 300 mg #30 x 1 refill; a prescription for Norco 10/325 mg #60; and a prescription for Omeprazole 20 mg #30 x 1 refill. The CA MTUS was cited. On 02/10/2015, the injured worker submitted an application for a prescription for Gabapentin 300 mg #30 x 1 refill; a prescription for Norco 10/325 mg #60; and a prescription for Omeprazole 20 mg #30 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30 x 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 83.

Decision rationale: MTUS guidelines states that "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The medical records provided do not show definitive evidence that the patient has a diagnosis of neuropathy or of postherpetic neuralgia. Likewise, this request for Gabapentin is not considered medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115. Page(s): Criteria for use of opioids, page(s) 110-.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if " (a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this request for chronic use of Norco is not considered medically necessary.

Omeprazole 20mg #30 x 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pages 68-69. Page(s): NSAIDs, GI symptoms & cardiovas.

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both

GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA).” This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise, this request for Omeprazole is not medically necessary.