

Case Number:	CM15-0028736		
Date Assigned:	02/20/2015	Date of Injury:	10/24/2010
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/13/2015

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
 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 55 year old female, who sustained an industrial injury on October 24, 2010. She has reported middle and lower back pain. The diagnoses have included lumbago, displacement of lumbar intervertebral disc, and depressive disorder. Treatment to date has included medications, physical therapy, chiropractic, transcutaneous electrical nerve stimulation unit, lumbar epidural steroid injection, and imaging studies. A progress note dated December 29, 2014 indicates a chief complaint of continued middle and lower back pain, with radiation to the arms and legs, numbness and tingling of the hands and feet, and weakness of the hands and feet. Physical examination showed an antalgic gait, lumbar spine tenderness to palpation and decreased range of motion, positive straight leg raises, and decreased sensation of the lower extremities at the L5-S1 dermatome. The treating physician is requesting prescriptions for Omeprazole, Gabapentin and Duloxetine. On February 3, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 13, 2015, the injured worker submitted an application for IMR of a request for prescriptions for Omeprazole, Gabapentin and Duloxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg is not medically necessary and appropriate.

Gabapentin 600mg: 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 Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600mg is not medically necessary and appropriate.

Duloxetine 60mg: 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 Antidepressant for Chronic Pain, 13-16.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An

SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Duloxetine 60mg is not medically necessary and appropriate.