

Case Number:	CM15-0215766		
Date Assigned:	11/05/2015	Date of Injury:	05/15/2015
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/03/2015

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: New Jersey
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:

This 31 year old woman sustained an industrial injury on 5-15-2015. Diagnoses include cervicobrachial syndrome, cervical spine pain rule out radiculopathy due to herniated nucleus pulposus, cervical dystonia with brachial plexopathy, cervical sprain-strain, right shoulder pain, lumbar spine sprain-strain rule out impingement, lumbosacral neuritis or radiculitis, and bilateral sacroiliitis. Treatment has included oral medications including Ibuprofen and physical therapy. Physician notes dated 8-12-2015 show complaints of low back pain rated 10 out of 10 with tingling and radiation to the bilateral lower extremities, neck pain rated 6 out of 10 with radiation to the right shoulder and elbow, and right shoulder pain rated 8 out of 10. The physical examination shows JAMAR 26-26-26 left and 22-22-22 right. The worker appears in mild distress due to pain with slow and mildly antalgic gait, "decreased" range of motion of the cervical spine, normal range of motion of the bilateral shoulders with pain, decreased range of motion of the lumbar spine, decreased sensation to the right C5-T2 dermatomes, and decreased strength to the right C4-T1 dermatomes. Recommendations include cervical and lumbar spine MRIs, pelvic x-rays, physiotherapy including heat, TENS unit therapy, ultrasound, and acupuncture, lumbosacral orthotic brace, Gabapentin plus Acetaminophen, Omeprazole, urine drug screen, electromyogram and nerve conduction studies of the bilateral upper and lower extremities, and follow up after completion of the requested studies. Utilization Review denied requests for Gabapentin plus Acetaminophen and Omeprazole on 10-6-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Acetaminophen 100/325mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medications, Compounded.

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

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was no documentation which revealed any form of neuropathy to warrant this type of medication. There was no found complaint of radiculopathy and no physical findings of decreased sensation, strength or reflexes. I also agree with the previous reviewer that there is no need for combining acetaminophen with gabapentin, as separate prescriptions would be equally effective and less expensive. Therefore, this request for gabapentin acetaminophen will be considered medically unnecessary.

Omeprazole 20mg #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2- blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, the provider prescribed ibuprofen and omeprazole. However, there was no evidence of this worker being at an elevated risk for gastrointestinal events to warrant ongoing omeprazole use which alone has its own side effects. Therefore, without enough justification to add on these side effect risks, omeprazole will be regarded as medically unnecessary, weaning may be indicated.