MAXIMUS Federal Services

Case Number:	CM15-0035489		
Date Assigned:	03/04/2015	Date of Injury:	10/28/2009
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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: Preventive Medicine, Occupational 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 65 year old male, who sustained a work/ industrial injury on 10/28/09. He has reported symptoms of pain in the cervical area with headaches and lumbar spine region that affected concentration and mood. Prior medical history was not documented. The diagnoses have included cervical myelologamentous injury with bilateral upper extremity radicular symptoms, lumbar myoligamentous injury with elements of right lower extremity radicular symptoms, bilateral carpal tunnel syndrome, medication induced gastritis, depression, and insomnia. Treatments to date included medication and facet joint injection (nerve block). Diagnostics included a Magnetic Resonance Imaging (MRI) of the cervical spine that reported 3 mm disc protrusion at C3-4 and C4-5 with a 4 mm right foraminal disc protrusion at C3-4 and at C4-5. An electromyogram reported severe carpal tunnel syndrome. MR I of the right shoulder noted type II acromion, status post acromioplasty with rotator cuff, MR I of the lumbar spine noted significant abnormalities with 4-5 mm disc protrusions throughout the lumbar spine and a Grade I posterolisthesis at L2-3 of about 5 mm. Medications included Norco, Soma, Gabapentin, and Prilosec. The treating physician's report (PR-2) from 1/22/15 indicated the injured worker was s/p second diagnostic facet joint injection with significant improvements with cut back on oral medication. However, the low back pain returned which remained axial in nature and was rated 7/10 and was associated with neck pain with headaches. Examination noted multiple trigger points, palpable tender points alone the posterior paraspinal muscles, upper trapezius, and medial scapular areas. There was decreased range of motion. Motor exam in the right upper extremity was between 4/5 to 4+/5 in comparison to the left. Exam of the lumbar spine posterior lumbar

musculature tenderness to palpation bilaterally with muscle rigidity. There were numerous trigger points, decreased range of motion, and muscle guarding. There was a positive straight leg raise. On 2/11/15, Utilization Review non-certified Gabapentin 600 mg #60; Prilosec 20 mg #60, noting the Non- Medical treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #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 9792.20 - 9792.26 Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 600 mg #60 is not medically necessary.

Prilosec 20 mg #60: Overturned

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 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is documentation that the patient has at least one of the risk factors needed to recommend a proton pump inhibitor. I am overturning the previous utilization review decision. Prilosec 20 mg #60 is medically necessary.