

Case Number:	CM15-0037023		
Date Assigned:	03/05/2015	Date of Injury:	10/11/2003
Decision Date:	04/16/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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 51 year old male, who sustained an industrial injury on 10/11/2003. He has reported subsequent back pain and was diagnosed with lower back pain, lumbosacral or thoracic neuritis or radiculitis and myofascial pain. Treatment to date has included oral and injectable pain medication, TENS unit and home exercise program. In a progress note dated 01/19/2015, the injured worker complained of increasing lower back pain radiating to the lower legs that was rated as 8/10 along with numbness and weakness. Objective findings were notable for tenderness to palpation of the lumbar paraspinal muscles and parafacet. The physician noted that a second opinion with another orthopedic surgeon would be requested for severe persistent pain for possible options. Refills for Gabapentin and Omeprazole refills were also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: Based on the 01/19/15 progress report provided by treating physician, the patient presents with low back pain rated 8/10 that radiates to the bilateral legs. Patient is status post 4 back surgeries. The request is for GABAPENTIN 300MG #90. Patient's diagnosis per Request for Authorization form dated 01/19/15 includes lower back pain, lumbosacral or thoracic neuritis, numbness and tingling and myofascial pain. Treatment to date has included oral and injectable pain medication, TENS unit and home exercise program. Patient's medications include Gabapentin, Naproxen and Omeprazole. The patient is temporarily totally disabled, per treater report dated 01/19/15. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) 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." Gabapentin has been included in patient's medications per treater reports dated 10/22/14 and 01/09/15. Per progress report dated 01/19/15, treater states "...Gabapentin works for [the patient's] pain." Given patient's continued neuropathic pain, and documentation of benefit, the request for Gabapentin appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the 01/19/15 progress report provided by treating physician, the patient presents with low back pain rated 8/10 that radiates to the bilateral legs. Patient is status post 4 back surgeries. The request is for OMEPRAZOLE 20MG #60. Patient's diagnosis per Request for Authorization form dated 01/19/15 includes lower back pain, lumbosacral or thoracic neuritis, numbness and tingling and myofascial pain. Treatment to date has included oral and injectable pain medication, TENS unit and home exercise program. Patient's medications include Gabapentin, Naproxen and Omeprazole. The patient is temporarily totally disabled, per treater report dated 01/19/15. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater has not provided reason for the request. Omeprazole and Naproxen have been prescribed in progress report 01/19/15. Patient is on NSAID therapy and it appears treater is initiating this medication. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports does not show evidence of gastric problems, and there is no mention of GI

issues. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Second opinion with spine surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultation, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: Based on the 01/19/15 progress report provided by treating physician, the patient presents with low back pain rated 8/10 that radiates to the bilateral legs. Patient is status post 4 back surgeries. The request is for SECOND OPINION WITH SPINE SURGEON. Patient's diagnosis per Request for Authorization form dated 01/19/15 includes lower back pain, lumbosacral or thoracic neuritis, numbness and tingling and myofascial pain. Treatment to date has included oral and injectable pain medication, TENS unit and home exercise program. Patient's medications include Gabapentin, Naproxen and Omeprazole. The patient is temporarily totally disabled, per treater report dated 01/19/15. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". Per progress report dated 01/19/15, treater states "second opinion with another orthopedic surgeon for severe persistent pain for possible options." Given continued symptoms, diagnosis and treatment history, the request appears reasonable and would benefit the patient. Therefore, the request IS medically necessary.