

Case Number:	CM15-0043950		
Date Assigned:	03/13/2015	Date of Injury:	08/11/2014
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52-year-old gentleman with a date of injury of 08/11/2014. A treating physician note dated 12/10/2014 identified the mechanism of injury as a fall. This note and a treating physician note dated 01/07/2015 indicated the worker was experiencing pain in the right shoulder and hand and in the lower back, knee locking, and heartburn at the time of the request. The documented examinations described a painful walking pattern and mild shoulder weakness. The submitted and reviewed documentation concluded the worker was suffering from knee pain, a lower back disc bulge, and shoulder pain. Treatment recommendations included oral pain medications, a knee brace, and modified activities. A Utilization Review decision was rendered on 02/26/2015. An appeal letter dated 03/02/2015 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Facet Joint Injection with fluoroscopic guidance and IV sedation:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): age(s) 174 and 181, page(s) 300 and 307.

Decision rationale: The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation indicated the worker was experiencing pain in the right shoulder and hand and in the lower back, knee locking, and heartburn. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was made for injection at an unspecified level of the lower back. In the absence of such evidence, the current request for facet injections at both sides of an unspecified level of the lower back region with fluoroscopic guidance and sedating medication given intravenously is not medically necessary.

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: Gabapentin is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted documentation indicated the worker was experiencing pain in the right shoulder and hand and in the lower back, knee locking, and heartburn at the time of the request. The recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no suggestion the worker was suffering from neuropathic pain, or documented examination findings that were consistent with this condition, or discussion detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 tablets of gabapentin 600mg is not medically necessary.

Pantoprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Pantoprazole: Drug Information. Topic 9474, version 150.0. UpToDate, accessed 03/09/2015.

Decision rationale: Pantoprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg (another medication in the proton pump inhibitor class) when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, and conditions causing very high amounts of acid in the stomach. The literature supports the use of pantoprazole as part of treatment for a specific kind of infection that can cause ulcers. Treatment of ulcer symptoms while taking NSAIDs generally involves stopping the NSAID if possible and four to eight weeks of PPI therapy. The submitted and reviewed documentation indicated the worker was experiencing heartburn, among other pain issues. However, treatment recommendations continued to include NSAID therapy, which can cause or worsen heartburn as a negative side effect. Further, this negative side effect can suggest an increased risk of other serious complications of NSAID therapy. There was no discussion suggesting the reason NSAID therapy was continued or special circumstances that sufficiently supported this request. In light of this evidence, the current request for sixty tablets of pantoprazole 20mg is not medically necessary.