

Case Number:	CM15-0049373		
Date Assigned:	03/23/2015	Date of Injury:	03/02/2009
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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 50 year old male, who sustained an industrial injury on March 2, 2009. The injured worker had reported injuries to the low back, pelvis, neck, legs, right ankle, buttocks shoulders and fingers related to a fall. The diagnoses have included cervical radiculopathy, lumbar radiculopathy, chronic pain, and lumbar facet arthropathy. Treatment to date has included medications, radiological studies, electro diagnostic studies, lumbar and thoracic epidural steroid injections, physical therapy and a psychosocial evaluation. Current documentation dated February 10, 2015 notes that the injured worker reported neck pain radiating down the bilateral upper extremities to the hands. The pain was accompanied by muscles spasms. The injured worker also reported low back pain, which radiated down into the bilateral lower extremities. Associated symptoms included frequent numbness of the lower extremities. Physical examination of the cervical, thoracic and lumbar spine revealed tenderness to palpation and a limited range of motion. A straight leg raise was positive bilaterally. The injured worker notes that his current medications are helpful with reducing the pain and have helped increase his level of function. The treating physician's plan of care included a request for chiropractic treatment to the cervical spine, Gabapentin and Pantoprazole DR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic of the cervical spine, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Pain outcomes and endpoints Page(s): 58-59, 8.

Decision rationale: The patient presents with neck pain radiating to upper extremities and low back pain radiating to lower extremities both rated at 8/10 with and 10/10 with medications. The request is for Chiropractic Of The Cervical Spine Twice Weekly For Four Weeks. The request for authorization is dated 02/24/15. MRI of cervical spine, 08/24/09, shows a 3mm non-compressive right paramedian disc protrusion with normal central canal at C5-6. The patient is status-post transforaminal epidural steroid injection bilateral L3-5, 10/14/13. The patient reports that the use of anti-seizure class, current H2-blocker, muscle relaxant, opioid pain medication is helpful. The patient reports 60% improvement due to this therapy. Areas of functional improvement as a result of the above therapy include: ability to attend church, bathing, brushing teeth, caring for pet, cleaning, climbing stairs, driving, exercising at home, gardening, mood, reading, shopping, sitting, sleeping, sleeping in bed, standing, standing in line, tying shoes, walking in the neighborhood and washing dishes. The patient reports GERD related, medication associated gastrointestinal upset. The patient's medications include Gabapentin, Hydrocodone/APAP, Metformin, Ondansetron, Pantoprazole, Senokot-S, Tizanidine, Tramadol, Vitamin D and Zolpidem. The patient is not working. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and it return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Per progress report dated, 02/10/15, treater's reason for the request is "There has recently been a flare-up in pain symptoms which has not resolved." Treatment history is not provided and there is no mention patient has had chiropractic manipulation in the past. In this case, given the patient's condition, an initial trial of 6 visits would be reasonable. However, the request for 8 sessions of chiropractic manipulations would exceed MTUS guidelines. Therefore, the request Is Not medically necessary.

Gabapentin 300 mg, sixty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with neck pain radiating to upper extremities and low back pain radiating to lower extremities both rated at 8/10 with and 10/10 with medications. The

request is for Gabapentin 300mg Sixty Count. The request for authorization is dated 02/24/15. MRI of cervical spine, 08/24/09, shows a 3mm non-compressive right paramedian disc protrusion with normal central canal at C5-6. The patient is status-post transforaminal epidural steroid injection bilateral L3-5, 10/14/13. The patient reports that the use of anti-seizure class, current H2-blocker, muscle relaxant, opioid pain medication is helpful. The patient reports 60% improvement due to this therapy. Areas of functional improvement as a result of the above therapy include: ability to attend church, bathing, brushing teeth, caring for pet, cleaning, climbing stairs, driving, exercising at home, gardening, mood, reading, shopping, sitting, sleeping, sleeping in bed, standing, standing in line, tying shoes, walking in the neighborhood and washing dishes. The patient reports GERD related, medication associated gastrointestinal upset. The patient's medications include Gabapentin, Hydrocodone/APAP, Metformin, Ondansetron, Pantoprazole, Senokot-S, Tizanidine, Tramadol, Vitamin D and Zolpidem. The patient is not working. 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated, 02/10/15, treater's reason for the request is the patient "Reports 50% relief from neuropathic pain with use of Gabapentin." The patient is prescribed Gabapentin since at least 02/18/14. In this case, the treater has documented the patient reports a pain reduction of 50% with use of Gabapentin. Additionally, per progress report dated, 02/10/15, treater also documents areas of functional improvements such as ability to attend church, bathing, brushing teeth and caring for pet. The treater adequately documents a record of pain and function as required by MTUS. Therefore, the request is medically necessary.

Pantoprazole DR 20 mg, sixty count: 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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck pain radiating to upper extremities and low back pain radiating to lower extremities both rated at 8/10 with and 10/10 with medications. The request is for Pantoprazole Dr 20mg Sixty Count. The request for authorization is dated 02/24/15. MRI of cervical spine, 08/24/09, shows a 3mm non-compressive right paramedian disc protrusion with normal central canal at C5-6. The patient is status-post transforaminal epidural steroid injection bilateral L3-5, 10/14/13. The patient reports that the use of anti-seizure class, current H2-blocker, muscle relaxant, opioid pain medication is helpful. The patient reports 60% improvement due to this therapy. Areas of functional improvement as a result of the above therapy include: ability to attend church, bathing, brushing teeth, caring for pet, cleaning, climbing stairs, driving, exercising at home, gardening, mood, reading, shopping, sitting, sleeping, sleeping in bed, standing, standing in line, tying shoes, walking in the neighborhood and washing dishes. The patient reports GERD related, medication associated gastrointestinal upset. The patient's medications include Gabapentin, Hydrocodone/APAP, Metformin,

Ondansetron, Pantoprazole, Senokot-S, Tizanidine, Tramadol, Vitamin D and Zolpidem. The patient is not working. 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. Per progress report dated, 02/10/15, treater's reason for the request is it is "Beneficial with intended effect at prescribed dose." Per progress report dated, 02/10/15, treater states, "The patient reports GERD related, medication associated gastrointestinal upset." However, treater does not provide GI risk assessment for prophylactic use of PPI, as required by MTUS. The patient does not appear to be on any NSAID. Provided progress reports do not discuss what specific GI symptoms the patient has and whether or not this medication has been effective. In fact, per progress report dated, 02/10/15, treater documents, "Specific medications tried and failed in the past: Pantoprazole (adverse response)" Therefore, the request Is Not medically necessary.