

Case Number:	CM15-0049797		
Date Assigned:	03/23/2015	Date of Injury:	04/11/2003
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
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: Texas, New York, 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 applicant is a represented 53-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 11, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; and multiple shoulder surgeries, including a shoulder arthroscopy and a total shoulder arthroplasty. In a utilization review report dated February 19, 2015, the claims administrator failed to approve requests for Neurontin, Prilosec, and an orthopedic consultation while approving Naprosyn and Norco. The claims administrator contended that the applicant was deriving appropriate analgesia from Norco and Naprosyn and therefore did not need to employ Neurontin. An RFA form received on February 13, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 2, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant had undergone a total shoulder arthroplasty, but was apparently a candidate for a revision shoulder arthroplasty, it was suggested. The applicant was working regular duty as a combination plumber-salesman, it was stated. 3/10 pain with medication versus 8/10 pain without medication was reported. The applicant reported complaints of migraines, vertigo, and numbness in the review of systems section of the note. The applicant was returned to regular-duty work, while Neurontin, Motrin, and Norco were renewed. The treating provider maintained that the applicant's ability to perform various activities of daily living, including lifting and golfing, had been ameliorated as a result of ongoing medication consumption. The applicant did have issues with mild depression. It was suggested that the applicant was in the process of

consulting an orthopedic shoulder surgeon who specialized in prosthetic revision. The gastrointestinal portion of review of systems was negative, it was acknowledged. There was no mention of the applicant's having issues with dyspepsia. Similarly, there was no mention of the applicant's having issues with dyspepsia on an earlier note dated November 21, 2014. On that date, however, the applicant did state that complaints of low back pain or lower extremity paresthesias had been attenuated following introduction of Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: Yes, the request for Neurontin, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, the attending provider has maintained that ongoing usage of Neurontin (gabapentin) had attenuated the applicant's complaints of low back pain and/or left lower extremity paresthesias. The applicant has reportedly maintained full-time work status with usage of gabapentin, the treating provider has maintained. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Omeprazole 20 mg #60: Upheld

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

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

Decision rationale: Conversely, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there is no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes of January 2015 and November 2014, referenced above. Therefore, the request was not medically necessary.

One (1) orthopedic consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Finally, the request for an orthopedic consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the treating provider, a pain management physician, is likely ill-equipped to address issues related to a revision total shoulder arthroplasty. Obtaining the added expertise of a shoulder surgeon specializing in revision total shoulder arthroplasty was, thus, indicated. Therefore, the request was medically necessary.