

<b>Case Number:</b>	CM15-0055383		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	03/01/2000
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 69 year old female, who sustained an industrial injury on 3/01/2000. The mechanism of injury was the injured worker was working with a platform with plastic wrappers used to wrap movies and she became tangled in the plastic and fell on her lower back. Diagnoses include sciatica and long term use of medications. Treatment to date has included gym membership, medications and diagnostics including magnetic resonance imaging (MRI). Per the Primary Treating Physician's Progress Report dated 12/03/2014, the injured worker reported chronic neck and low back pain. She reports that she had an increase in pain when medications were not authorized in a timely manner. Physical examination revealed an antalgic gait. The injured worker was ambulating without any assistance. The plan of care included medications and authorization was requested for Naproxen and Pantoprazole, Gabapentin and Hydrocodone/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for failed to provide documentation of the objective functional benefit and an objective decrease in pain with the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naproxen 550 mg #60 is not medically necessary.

**Pantoprazole 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation the injured worker was at intermediate or higher risk for gastrointestinal events. The injured worker was noted to have GI upset and was utilizing Protonix for the GI upset. The efficacy was not provided. Additionally, this request was being concurrently reviewed with the request for NSAIDS. As the request for NSAIDS was found to be not medically necessary, this request would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Pantoprazole 20 mg #60 is not medically necessary.

**Gabapentin 600mg, #90, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS guidelines recommend anti-epilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for failed to provide documentation the injured worker had 30% to 50% decrease in pain. There was a lack of documentation of objective functional benefit. There was a lack of documented rationale for 3 refills without re-evaluation. The request as

submitted failed to indicate the frequency for the requested medication. Given the above, the request for Gabapentin 600 mg #90, 3 refills is not medically necessary.

**Hydrocodone/APAP 5/325mg, #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation of exceptional factors. The documentation indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. The injured worker had side effects of gastritis. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Hydrocodone/APAP 5/325 mg #45 is not medically necessary.