MAXIMUS Federal Services

Case Number:	CM15-0056393		
Date Assigned:	04/01/2015	Date of Injury:	04/20/2013
Decision Date:	05/07/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/24/2015

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, Hawaii
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:

This 47 year old female sustained an industrial injury to the low back on 4/20/13. Previous treatment included magnetic resonance imaging, electromyography, acupuncture, chiropractic therapy, epidural steroid injections, lumbar corset, mesh back support and medications. In a PR-2 dated 1/21/15, the injured worker reported a 70-80% increase in pain since her last visit. The injured worker complained of low back pain rated 7-8/10 on the visual analog scale with radiation to the left thigh associated with numbness. The injured worker also complained of depression and was tearful during the exam. Physical exam was remarkable for tenderness to palpation in the bilateral paraspinal musculature of the cervical spine, thoracic spine and lumbar spine with decreased range of motion, positive bilateral slump test and positive bilateral facet loading challenge in the lumbar spine. Current diagnoses included lumbar spine herniated nucleus pulposus, lumbar radiculopathy and rule out intradiscular injury of the cervical spine and thoracic spine. The treatment plan included home exercise, activity modification, additional acupuncture twice a week for four weeks, a pain psychiatry consultation, pain management follow up care, a trial of Lido-Pro topical ointment and medications (Neurontin, Prilosec, Advil and Capsaicin cream). The injured worker reported that Prilosec helped to prevent gastrointestinal upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The patient presents with an industrial injury to the low back. The current request is for Gabapentin 600mg #60. The treating physician states, in a report dated 01/12/15, "With regards to medications, she was provided Gabapentin 600mg two times per day...The patient reports Gabapentin causes stomach upset. She notes the Gabapentin helps to reduce her pain arid allows her to sit down and walk for longer periods of time by 50%." (24B) The MTUS guidelines state, "Gabapentin is an anti-epilepsy drug (AEDs also referred to as anti-convulsants), which 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." In this case, the treating physician, also in a report dated 01/12/15, "With regards to medications, she should continue #60 Gabapentin 600mg two at night for her radicular complaints." (24B) The treating physician has also documented a decrease in pain and functional improvement with this medication. The current request is medically necessary and the recommendation is for authorization.

Omeprazole 20mg #60: Overturned

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): 67-69.

Decision rationale: The patient presents with an industrial injury to the low back. The current request is for Omeprazole 20mg #60. The treating physician states, in a report dated 01/21/15, "I will provide a refill of #60 Prilosec 20mg to be taken once a day as needed for medication induced gastritis." (24B) The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. In this case, the treating physician has documented the patient experiencing stomach upset, both in reports dated 01/12/15 and 01/21/15 (17B). The current request is medically necessary and the recommendation is for authorization.

Follow-up evaluation with a pain management specialist (lumbar): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient presents with an industrial injury to the low back. The current request is for Follow-up evaluation with a pain management specialist (lumbar). The treating physician states, in a report dated 01/21/15, "I am recommending the patient have a pain management follow-up care with [redacted] for interventional pain management as well as medication management." (18B) The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the treating physician, in a report dated 01/21/15, has documented that he patient reports a 70-80% increase in pain since the last visit as well as the on-set of depression since the industrial injury in 2013. The treating physician feels that additional expertise in pain management may be required, therefore current request is medically necessary and the recommendation is for authorization.