

Case Number:	CM15-0059451		
Date Assigned:	04/06/2015	Date of Injury:	08/22/2012
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 female who sustained an industrial injury on 08/22/12. The diagnoses are low back pain and bilateral knees degenerative joint disease. Treatments to date include medications. Diagnostic studies reports were not available. Current complaints include low back pain radiating to the right leg and left knee pain. In a progress note dated 02/17/15 the treating provider reports the plan of care as a MRI of the lumbar spine, nerve conduction studies of the bilateral lower extremities, and medications to include omeprazole, diclofenac and gabapentin/acetyl-L-carnitine. The requested treatments are Prilosec and gabapentin/acetyl-L-carnitine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 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 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastritis in the elderly and patients with a history of gastrointestinal disease. The records did not indicate a current or past history of gastrointestinal disease. The guidelines recommend that NSAIDs be utilized at the lowest possible doses for the shortest periods to minimize the risk of NSAIDs related complications. The criteria for the use of Prilosec 20mg #60 was not met. The treatment is not medically necessary.

Gabapentin 250mg/Acety-L-carnitine 125mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants Medical Food.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic and radiculopathic chronic pain syndrome. The guidelines did not recommend the utilization of medical food or supplements in the absence of documented evidence of deficiency disorder. The records did not show subjective or objective evidence of deficiency disorder. There is no documentation of failure of treatment with non compounded formulation of gabapentin. The criteria for the use of gabapentin 250m / Acetyl-L-carinitine 125mg #90 was not met. The treatment is not medically necessary.