

Case Number:	CM15-0080692		
Date Assigned:	05/01/2015	Date of Injury:	03/23/2010
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/27/2015

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 66-year-old female, who sustained an industrial injury on 3/23/2010. Diagnoses include bilateral shoulder sprain, worse on the left and cervical sprain. Treatment to date has included medications and home exercise program. Per the Primary Treating Physician's Progress Report dated 3/09/2015, the date of injury is documented as 2/27/2002. The injured worker reported pain in the neck and bilateral shoulders. Physical examination revealed tenderness at the cervical paravertebrals, trapezius and interscapular musculature. The plan of care included medications and authorization was requested for Nexium and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #90: 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, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 03/09/15 progress report provided by treating physician, the patient presents with pain in the neck and bilateral shoulders. The request is for Nexium 40MG #90. Patient's diagnosis per Request for Authorization form dated 10/13/14 includes bilateral shoulder sprain, and cervical sprain. Diagnosis on 03/09/15 included non-industrial Parkinsonism. Physical examination to the cervical spine on 03/09/15 revealed tenderness noted to paravertebrals, trapezius and interscapular musculature. Range of motion at extreme range causes discomfort. Examination of the shoulders revealed tenderness noted over acromioclavicular joint and subscapular space bilaterally. Range of motion to left shoulder decreased on abduction 110-120 degrees. Treatment to date has included home exercise program and medications. Patient's medications include Gabapentin and Nexium. Patient's work status is not available. Per 03/09/15 report, "patient has settled the case with open future medical care." Treatment reports were provided from 10/13/14 - 03/09/15. 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. Nexium has been prescribed in progress reports dated 10/13/14, 02/09/15 and 03/09/15. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. However, treater has not provided reason for the request, and it does not appear the patient is currently on NSAID therapy. Furthermore, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Moreover, treater does not indicate how the patient is doing and why she needs to continue when it has been almost a year and a half from UR date of 04/03/15. This request is not in accordance with guideline indications, and continued use cannot be warranted. Therefore, the request is not medically necessary.

Gabapentin 300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: Based on the 03/09/15 progress report provided by treating physician, the patient presents with pain in the neck and bilateral shoulders. The request is for Gabapentin 300MG #180. Patient's diagnosis per Request for Authorization form dated 10/13/14 includes bilateral shoulder sprain, and cervical sprain. Diagnosis on 03/09/15 included non-industrial Parkinsonism. Physical examination to the cervical spine on 03/09/15 revealed tenderness noted to paravertebrals, trapezius and interscapular musculature. Range of motion at extreme range causes discomfort. Examination of the shoulders revealed tenderness noted over acromioclavicular joint and subscapular space bilaterally. Range of motion to left shoulder decreased on abduction 110-120 degrees. Treatment to date has included home exercise program and medications. Patient's medications include Gabapentin and Nexium. Patient's work status is

not available. Per 03/09/15 report, "patient has settled the case with open future medical care." Treatment reports were provided from 10/13/14 - 03/09/15. 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." Gabapentin has been prescribed in progress reports dated 10/13/14, 02/09/15 and 03/09/15. This patient has been prescribed Gabapentin for almost a year and a half from UR date of 04/03/15. Given patient's symptoms and diagnosis, Gabapentin would appear to be indicated. However, treater has not provided medical rationale for the request, nor discussed medication efficacy. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Therefore, the request is not medically necessary.