

Case Number:	CM15-0082326		
Date Assigned:	05/04/2015	Date of Injury:	11/18/2002
Decision Date:	06/05/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/29/2015

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 64-year-old male who sustained an industrial injury on 11/18/2002. Current diagnosis includes lumbar spine disease. Previous treatments included medication management and PT. There are co-existing diagnoses of diabetes and high blood pressure. The MRI of the lumbar spine showed multilevel degenerative disc disease and facet arthropathy. Initial complaints included an injury to his back when a wall fell on him. Report dated 03/11/2015 noted that the injured worker presented with complaints that included back pain. Physical examination was positive for abnormal findings with tenderness to palpation of the lumbar spine. The treatment plan included recommendations for gabapentin and cyclobenzaprine to help him sleep and to help treat the pain during the nocturnal hours and recommendation for ibuprofen and omeprazole to protect his stomach. Disputed treatments include gabapentin and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg quantity unspecified: Overturned

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.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The records indicate that the patient had utilized NSAID without significant pain relief. There is history co-existing diabetes and hypertension that can be associated with increased adverse effects to high doses of NSAIDs. The utilization of gabapentin will lead to reduction in dependency to NSAIDs and opioid medications. The criteria for the use of gabapentin 300mg is medically necessary.

Omeprazole 20mg quantity unspecified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 65-71. 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 gastrointestinal complications in the elderly and high-risk patients. The records indicate that this 64 year old in on chronic treatment with ibuprofen, a non-selective NSAID. There is a history of co-existing medical conditions that can increase the risk of NSAIDs induced gastrointestinal diseases. The criteria for the use of omeprazole 20mg is medically necessary.