

Case Number:	CM15-0087509		
Date Assigned:	05/12/2015	Date of Injury:	12/09/2013
Decision Date:	08/25/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old who has filed a claim for chronic low back, shoulder, and ankle pain reportedly associated with an industrial injury of December 9, 2013. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve requests for nortriptyline, Neurontin, Motrin, and Prilosec. The claims administrator referenced a March 20, 2015 RFA form and associated progress note of the same date in its determination. The claims administrator contended that ongoing medication consumption had not proven effectual here. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant reported 8/10 shoulder, low back, and ankle pain complaints. The applicant had developed issues with shoulder adhesive capsulitis, it was reported and had residual ankle pain following earlier ankle ORIF surgery, it was reported. The applicant was off of work, it was acknowledged. The applicant was on Motrin, Pamelor, and Neurontin, it was reported. The applicant reported having tarry stools and dizziness. The applicant's blood pressure was 73/41 on initial measurement but subsequently normalized, the treating provider reported. The attending provider posited that gabapentin was causing the applicant's dizziness and therefore suggested diminishing the dosage of the same. Motrin was discontinued on the grounds that the applicant had developed tarry stools. Combination of Celebrex and omeprazole was sought. The applicant was diabetic, it was reported, with labile blood pressure. On May 29, 2015, it was acknowledged that the applicant was not working as her employer was unable to accommodate previously imposed work restrictions. 6/10 pain complaints were noted. The applicant stated that activities of daily living as basic as household chores, walking, and standing remained problematic. The applicant was on Motrin, Cymbalta, Pamelor, and Neurontin. The applicant reported drowsiness with both

Pamelor and gabapentin, it was reported. Work restrictions were endorsed. Additional acupuncture was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 25 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: No, the request for nortriptyline (Pamelor), a tricyclic antidepressant, was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tricyclic antidepressants such as nortriptyline (Pamelor) do represent a first-line agent for chronic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant continued to report pain complaints as high as 8/10, it was reported on July 8, 2015, despite ongoing usage of Pamelor (nortriptyline). The applicant was off of work. Ongoing usage of Pamelor failed to curtail the applicant's dependence on a variety of other analgesic and adjuvant medications including Motrin, Neurontin, Celebrex, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of nortriptyline. Therefore, the request was not medically necessary.

Gabapentin 300 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines, an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, the applicant reported issues with dizziness on July 8, 2015, reportedly imputed to ongoing gabapentin usage. Discontinuing gabapentin, thus, appeared to be a more appropriate option than continuing the same, given the applicant's reports of dizziness reportedly developed as a result of ongoing gabapentin usage.

Page 19 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicant on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was off of work, it was reported on July 8, 2015. 8/10 pain complaints were reported, despite ongoing gabapentin usage. The applicant's poor response to ongoing usage of gabapentin, coupled with the applicant's development of dizziness with the same suggested that discontinuing gabapentin was a more appropriate option than continuing the same. Therefore, the request was not medically necessary.

Ibuprofen 600 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of both "efficacy of medication" and medication "side effects" into his choice of recommendations. Here, however, the applicant had developed black tarry stools with ongoing ibuprofen usage, it was reported on July 8, 2015. Discontinuing ibuprofen, thus, was a more appropriate option than continuing the same, given the suspicion of GI bleeding apparently associated with ongoing ibuprofen usage. It did not appear that ongoing usage of ibuprofen had proven particularly effectual here. The applicant reported pain complaints as high as 8/10 on July 8, 2015, despite ongoing ibuprofen usage. The applicant failed to return to work. Work restrictions were renewed, unchanged, from visit to visit, it was reported on that date, effectively resulting in the applicant's removal from the workplace. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing ibuprofen usage. Therefore, the request was not medically necessary.

Omeprazole 20 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Finally, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. The attending provider's progress note of July 8, 2015 seemingly suggested that omeprazole was being employed for cytoprotective effect. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants with a history of prior GI bleeding are at heightened risk for adverse gastrointestinal events. The attending provider reported on July 8, 2015 that she intended for the applicant to employ another anti-inflammatory medication, Celebrex. Usage of omeprazole was, thus, indicated in conjunction with Celebrex usage, given the historical issues of GI bleeding which apparently developed in conjunction with Motrin usage. Therefore, the request is medically necessary.