

Case Number:	CM14-0112238		
Date Assigned:	08/01/2014	Date of Injury:	08/19/2013
Decision Date:	09/30/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 61-year-old female with a date of injury of 8/19/13. The mechanism of injury occurred when she lifted a resident and developed low back pain. On 4/11/14 the patient was given Naproxen 550mg twice a day, Omeprazole 20mg daily, and Neurontin 600mg three times a day for paresthesia. On the same day, 4/11/14, a copy of prescriptions stated Omeprazole 20mg #100, Gabapentin (Neurontin) 600mg #100, and Diclofenac ER (Voltaren)100mg no quantity noted. It was noted also that the patient was on ibuprofen, tramadol, amlodipine, and atorvastatin. On 5/6/14, an appeal from the prescribing MD stated that she has a history of GERD while taking NSAIDs, in particular Naprosyn, therefore, the need for Omeprazole. However, the prescribing physician stated the patient had been given Neurontin for neuropathic pain. On 6/27/14, the patient complained of back pain and left leg numbness. Taking medications with benefit. On exam, (handwritten note) there was decrease sensation of left foot and decreased range of motion of the back. The diagnostic impression is bilateral lumbosacral strains, left lumbosacral radiculopathy, and myofascial pain. Treatment to date: Epidural steroid injection 6/27/14, physical therapy, medication management. A UR decision dated 6/30/14 denied the requests for Omeprazole 20mg, Neurontin 600mg, and Voltaren XR 100mg. The requests for Omeprazole 20mg, Neurontin 600mg, and Voltaren XR 100mg were all denied because requests for additional documentation have gone unanswered and the current request is without quantities listed. Guidelines support the use of medications after evaluation and documentation of a physical exam and indications that the patient has increased functionality with the use of pain medications. The request as written is not medically reasonable and necessary and therefore is not authorized. There is no documentation presented of functional benefit from the use of the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The FDA states that it is indicated for the treatment of GI disorders such as gastric/duodenal ulcers, GERD, etc. It is also commonly utilized to prevent/treat gastric irritation common in patients utilizing chronic NSAID therapy. However, the patient was switched from Naprosyn to Voltaren XR, which is not recommended in this patient and was not approved. On 4/11/14, the notes stated the patient takes Omeprazole 20mg daily. In addition, the records state a quantity of #100, which this is more than a 3 month supply. The request does not state a quantity and it is unclear how many days supply is actually being requested. Therefore, the request for Omeprazole 20mg was not medically necessary.

Neurontin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs Gabapentin Page(s): 16-18, 49.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, on 4/11/14, the notes stated the patient takes Neurontin 600mg twice a day. The records also state the quantity prescribed was #100. This would be a 50 days supply. The request does not state a quantity and it is unclear how many days supply is actually being requested. Therefore, the request for Neurontin 600mg was not medically necessary.

Voltaren XR 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. Voltaren (Diclofenac) when used orally or topically, may increase liver dysfunction, and has resulted in liver failure and death. On 4/11/14, it was noted that the patient was on amlodipine. Guidelines in this setting does not support the use of Voltaren as a first-line due to the increased risk profile of cardiovascular events. On 5/6/14, it was noted that the patient was on Naprosyn. It is unclear why the Naprosyn was switched to Voltaren XR. On 4/11/14, the record did not show the quantity of Diclofenac ER 100mg (Voltaren XR 100mg) that was prescribed. In addition the request did not state a quantity. Therefore, the request for Voltaren XR 100mg was not medically necessary.