MAXIMUS Federal Services

Case Number:	CM14-0120536		
Date Assigned:	08/06/2014	Date of Injury:	08/27/2012
Decision Date:	10/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 53 year old male with a reported date of injury on 08/27/2012. The mechanism of injury was due to a fall. The diagnoses included lumbar pain and right shoulder pain. The past treatments have included pain medication, physical therapy, epidural steroid injections, and medial branch blocks. There were no relevant diagnostics provided for review. The subjective complaints on 05/22/2014 included low back pain that radiated to the right lower extremity rated 6-7/10. The physical examination noted tenderness on palpation to the right side of the low back along with pain during flexion and extension. The medications included Norco, Gabapentin, and Omeperazole. The treatment plan was to continue medications. A request was received for Prilosec 20mg QD #30 and Gabapentin 300mg #90. The rationale was not provided with the request. The request for authorization form was dated 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20mg QD #30 is not medically necessary. The California MTUS guidelines recommend Omeprazole for injured workers taking Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s who are shown to be at increased risk for gastrointestinal events or who have complaints of dyspepsia related to NSAID use. The injured worker has chronic low back pain. However, there is no documented evidence that he was at increased risk for gastrointestinal events, had dyspepsia secondary to NSAID use, or that he was taking any NSAID medications. In the absence of the above, the request is not supported by the guidelines. As such, the request is not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Gabapentin 300mg #90 is not medically necessary. The California MTUS guidelines state Gabapentin 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. After the initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The injured worker has chronic low back pain. He reported sleeping better with Neurontin. There was a lack of sufficient evidence in the physical exam to clearly establish a diagnosis of neuropathy or radiculitis. The injured worker reported his pain level decreased with the use of Norco. There is no indication of significant pain relief received from Neurontin. Additionally, the request as submitted did not provide a frequency. Based on this information, the request is not supported by the guidelines. As such, the request is not medically necessary.