

Case Number:	CM14-0125647		
Date Assigned:	08/13/2014	Date of Injury:	08/16/2003
Decision Date:	10/31/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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 Preventive 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:

According to the records made available for review, this is a 49-year-old male with an 8/16/03 date of injury. At the time (6/24/14) of request for authorization for Gralise 600mg 3 tablets (sample pack) between 7/28/14 and 9/11/14 and Pantoprazole (Protonix)20 mg 60 tablets between 7/28/14 and 9/11/14, there is documentation of subjective (burning low back pain radiating to legs and burning pain radiating from lower thoracic region) and objective (positive bilateral straight leg raise and lumbar spine spasm/guarding) findings, current diagnoses (lumbar post laminectomy syndrome and inflammatory spondylopathy), and treatment to date (physical therapy and medications (including ongoing treatment with Buprenorphine, Protonix, Ibuprofen, Colace, Valium, Gralise, and Gabapentin)). Medical reports identify that medication regimen help reduce pain. Regarding Gralise, there is no documentation of functional benefit and an increase in activity tolerance as a result of Gralise use to date. Regarding Pantoprazole, there is no documentation of gastrointestinal event (high dose/multiple NSAID); and Pantoprazole used as a second-line option.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg 3 tablets (sample pack) between 7/28/14 and 9/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 18-19.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Gralise (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of lumbar post laminectomy syndrome and inflammatory spondylopathy. In addition there is documentation of neuropathic pain; and ongoing treatment with Gralise. However, despite documentation that medication regimen help reduce pain; there is no (clear) documentation of functional benefit and an increase in activity tolerance as a result of Gralise use to date. Therefore, based on guidelines and a review of the evidence, the request for Gralise 600mg 3 tablets (sample pack) between 7/28/14 and 9/11/14 are not medically necessary.

Pantoprazole (protonix)20 mg 60 tablets between 7/28/14 and 9/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of lumbar post laminectomy syndrome and inflammatory spondylopathy. In addition, there is documentation of ongoing treatment with Pantoprazole. However, despite documentation of ongoing treatment with NSAID, there is no documentation of gastrointestinal event (high dose/multiple NSAID). In addition, there is no documentation of Pantoprazole used as a second-line option. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole (Protonix) 20 mg 60 tablets between 7/28/14 and 9/11/14 are not medically necessary.