

<b>Case Number:</b>	CM14-0144330		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/15/2002
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 34 yo female who sustained an industrial injury on 04/15/2002. The mechanism of injury occurred when she was lifting boxes that weighed approximately 50-100 pounds. Her diagnoses include chronic low back pain and lumbar radioclitis/radiculopathy. She continues to complain of low back pain that radiates to the legs with numbness. Physical exam shows weakness ( 4/5) of the left hip flexors and left extensor halligus longus, decreased sensation over the left lower extremity, and bilateral gastrosoleus reflexes were not elicited. Treatment has included medications including Anaprox, Cyclobenzaprine, Gabapentin, and medical marijuana, surgery, and epidural steroid injection therapy. The treating provider has requested Gabapentin 600mg # 90, Anaprox 550mg # 60, and Omeprazole 20mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin (Neurontin) 600mg, #90 with 0 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines VCalifornia MTUS 2009 Page(s): 13 ( pdf format).

**Decision rationale:** The recommended medication, Gabapentin is medically necessary for the treatment of the patient's condition. Per the documentation she has neuropathic pain on the basis of the diagnosis of lumbar radiculopathy. The medication is part of her medical regimen and per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient has been prescribed the medication and the medical record documents a positive response. Medical necessity has been documented and the requested treatment is medically necessary.

**Naproxen Sodium (Anaprox) 550mg, #60 with 0 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 2009 Page(s): 67.

**Decision rationale:** The requested medication, Anaprox is medically necessary for the treatment of the claimant's pain condition. Anaprox is a non-steroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the claimant has significant chronic low back pain and the medication has proved beneficial for pain control. A periodic lab test which includes a CBC and chemistry profile (including renal and liver function) should be performed. Medical necessity for the requested item has been established. The requested treatment is medically necessary.

**Omeprazole DR (Prilosec) 20mg, #60 with 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Chapter Pain Proton pump inhibitors (PPIs)

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

**Decision rationale:** Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.