

Case Number:	CM14-0145926		
Date Assigned:	09/12/2014	Date of Injury:	08/01/2004
Decision Date:	10/14/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 41-year-old female who reported an injury on 08/01/2004; the mechanism of injury was not provided. Diagnoses included myofascial pain syndrome, repetitive strain injury of the bilateral upper extremities, and cervical spine strain. Past treatments included physical therapy and medications. Diagnostic testing and surgical history were not provided. The clinical note dated 08/28/2014 indicated the injured worker complained of pain in the bilateral wrists with some numbness in the hands. The physical examination revealed left wrist tenderness and decreased sensation, decreased range of motion of the neck in all planes, and decreased strength and reflexes of the bilateral upper extremities. Current medications included omeprazole 20 mg and Neurontin 600 mg. The treatment plan included omeprazole 20 mg and Neurontin 600 mg 3 times a day #90. The rationale for treatment and the Request for Authorization form were not provided.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOM AND CARDIOVASCULAR RISK.

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

Decision rationale: The request for omeprazole 20 mg is not medically necessary. The California MTUS Guidelines indicate that a patient is at risk for gastrointestinal events if they are over the age of 65; have a history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose multiple NSAIDs. The injured worker complained of pain in the bilateral wrists with some numbness in the hands. The injured worker had been taking the requested medication since at least 01/15/2014. There is a lack of clinical documentation to indicate that the injured worker was at risk for a gastrointestinal event including history of peptic ulcer, GI bleeding or perforation. The injured worker was not currently prescribed an NSAID and was under the age of 65. Additionally, the request does not indicate quantity and frequency for taking the medication. Therefore, the request for omeprazole 20 mg is not medically necessary.

NEURONTIN 600MG TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

Decision rationale: The request for Neurontin 600 mg 3 times a day #90 is not medically necessary. The California MTUS Guidelines indicate that Neurontin has been considered as a first line treatment for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as side effects incurred with use. The injured worker complained of pain in the bilateral wrists with some numbness of the hands. The physical exam revealed left wrist tenderness, decreased sensation to the bilateral hands, and decreased range of motion of the neck. The injured worker had been taking the requested medication since at least 01/15/2014. There is a lack of clinical documentation to indicate the efficacy of the requested medication including quantified pain relief and functional improvement. Therefore, the request for Neurontin 600 mg 3 times a day #90 is not medically necessary.