

Case Number:	CM14-0146046		
Date Assigned:	09/12/2014	Date of Injury:	10/28/2009
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational 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:

Patient is a 48-year-old male who has submitted a claim for lumbosacral radiculopathy associated with an industrial injury date of 10/28/2009. Medical records from February 2014 to July 2014 were reviewed which showed constant back pain 7/10, wherein bending causes sharpness. Patient also complained of left hip pain 7/10 in conjunction with the back and radiated to the calf. Patient likewise reported heaviness of the left leg with associated numbness, tingling, and weakness. Physical examination of the lumbosacral spine revealed flexion limited to 25/90 degrees, extension 25/25 degrees, and lateral rotation 20/25 degrees. There was positive heel walk. The patient reported tingling and numbness that came into the left hip from the back associated with movement during the physical examination. Treatment to date included medications: Naproxen 550mg/tablet BID, Tramadol 50mg BID for breakthrough pain, and Gabapentin 600mg/tablet utilization review from 08/20/2014 denied the request for Omeprazole 20mg #30 with 2 refills because the patient didn't demonstrate increased risk for gastrointestinal events since NSAID use was not in high or multiple dosage. Likewise, request for Gabapentin 600mg #30 with 2 refills was modified to a certification of 1 prescription of Gabapentin 600mg #16 since the patient has been taking the medication chronically. Gabapentin has been modified for weaning in 10/2013. The patient didn't adhere to the weaning regimen. The request for Gabapentin 600mg #90 with 2 refills was modified to continue the previous weaning regimen with the remaining 71 tablets and 2 refills non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Omeprazole 20mg #30 with 2 refills: Upheld

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

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

Decision rationale: As stated on pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, only patients who are at intermediate risk for gastrointestinal events are given a PPI. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, patient is 48 years old and is taking only Naproxen 550mg tablet BID. From medical records provided, there is no mention about gastrointestinal symptoms. Likewise, he has no concurrent use of ASA, corticosteroids and/or an anticoagulant, and no documentation of a history of gastrointestinal events, hence is not considered to be at intermediate risk for gastrointestinal events. Overall, there was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Omeprazole 20mg #30 with 2 refills is not medically necessary.

Prospective request for 1 prescription of Gabapentin 600mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) - Gabapentin (Neurontin, GabaroneTM, generic available) page, Gabapen.

Decision rationale: According to pages 16-18 and 49 of CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. In this case, from medical records provided, it is unclear when the patient started taking gabapentin. Moreover, the patient still continually complained of numbness and tingling in the left leg therefore medical records do not show any functional benefit from its use. The medical necessity has not been established. There was no compelling rationale for continued use of this medication. Therefore, the request gabapentin 600mg #90 with 2 refills is not medically necessary.