

Case Number:	CM14-0149614		
Date Assigned:	09/18/2014	Date of Injury:	10/20/2003
Decision Date:	10/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/15/2014

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 Geriatrics 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 injured worker is a 71 year old man with a date of injury of 10/20/03. The most recent note in the available records is from a pain reevaluation report on 4/1/14. His spinal cord stimulator was not functioning due to lack of adhesive pads required for recharging and his pain symptoms had worsened as well as pain in his left ankle. His physical exam showed he was hypertensive and had a swollen and warm left ankle with decreased range of motion. His low back had a well healed scar with palpable muscle spasm over the paraspinous muscles and decreased range of motion. The spinal cord stimulator was intact within its pocket without significant tenderness. His medications were reviewed including a discussion of side effects and risks. His diagnoses included status post multiple back surgeries including lumbar fusion, chronic low back pain and bilateral lower extremity pain, and status post spinal cord stimulator implantation with good results. At issue in this review are the requests for medication refills: Gabapentin, Omeprazole and Norco. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 capsules of Omeprazole 20 mg between 6/24/2014 and 9/21/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69, 78-80, 16-20.

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

Decision rationale: This injured worker has back knee and ankle pain and his medical course has included multiple surgeries, implantation of a spinal cord stimulator and use of several medications including opioids and Gabapentin. Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a non-steroidal anti-inflammatory drug (NSAID) in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that he meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole. Therefore, this request is not medically necessary.

90 tablets of Gabapentin 600 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69, 78-80, 16-20.

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

Decision rationale: This injured worker has back knee and ankle pain and his medical course has included multiple surgeries, implantation of a spinal cord stimulator and use of several medications including opioids and Gabapentin. 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of Gabapentin. The MD visit of 4/14 fails to document any significant improvement in pain or functional status to justify ongoing use or exam/history evidence of radicular or neuropathic pain. His spinal cord stimulator was documented as effective for pain control and the records do not support the medical necessity of for 90 tablets of Gabapentin 600 mg. Therefore, this request is not medically necessary.

60 tablets of Norco 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has back knee and ankle pain, and his medical course has included multiple surgeries, implantation of a spinal cord stimulator and use of several medications including opioids and gabapentin. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function

or improved quality of life. The MD visit of 4/14 fails to document any significant improvement in pain or functional status to justify ongoing use. His spinal cord stimulator was documented as effective for pain control and the records do not support the medical necessity of 60 tablets of Norco 10/325 mg. Therefore, this request is not medically necessary.