

Case Number:	CM14-0072145		
Date Assigned:	07/16/2014	Date of Injury:	09/28/1999
Decision Date:	09/26/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 28, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; trigger point injection therapy; corticosteroid injection therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated April 21, 2014, the claims administrator failed to approve a request for Naproxen, Neurontin, Protonix, and Percocet. The applicant's attorney subsequently appealed. On December 20, 2013, the applicant was described as having persistent complaints of shoulder pain. The applicant apparently complained that the claims administrator had failed to approve a request for shoulder surgery. Naproxen, Percocet, Neurontin, Amrix, and Protonix were all sought. All of the medications were characterized as a renewal request, with the exception of Amrix. It was stated that the applicant could not tolerate anti-inflammatory medications without Protonix to combat GI upset associated with NSAID therapy. Permanent work restrictions were renewed. A corticosteroid injection was sought. It did not appear that the applicant was working. In a March 31, 2014 pain management note, the applicant reported persistent complaints of shoulder pain. The attending provider again complained that the claims administrator continued to deny request for shoulder surgery for a SLAP lesion. Naproxen, Percocet, Neurontin, and Protonix were all endorsed. It was again stated that the applicant could not tolerate anti-inflammatory medications without Protonix owing to issues with GI upset. There was again no mention of medication efficacy. Trigger point injections were performed. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg, QTY: 120 with 2 refills:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The attending provider has not recounted any reductions in pain or improvements in function achieved as a result of ongoing Percocet usage. Therefore, the request is not medically necessary.

Naproxen 500 mg, QTY: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of dyspepsia secondary to NSAID therapy is cessation of the offending NSAID. In this case, the attending provider has reiterated on several occasions, referenced above, that the applicant has reported persistent complaints of GI upset with ongoing naproxen usage. Discontinuation of the offending NSAID appears to be the most appropriate option, as suggested on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Protonix 40 mg, QTY: 30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, as is present here. The attending provider has written on several occasions that the applicant's NSAID-induced dyspepsia has been controlled or at least attenuated with

ongoing usage of Protonix. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Neurontin 300 mg, QTY: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs: Gabapentin (Neurontin, Gabarone, generic available).

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, the applicant's pain complaints are seemingly heightened from visit to visit, as opposed to reduced. The applicant is off of work. Ongoing usage of Neurontin has failed to diminish the applicant's reliance on opioids such as Percocet. All of the above, taken together, suggest that ongoing usage of gabapentin has not been altogether effective in terms of functional improvement parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.