

Case Number:	CM14-0219151		
Date Assigned:	01/09/2015	Date of Injury:	05/14/2008
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female, who sustained an industrial injury on 5/14/2008. The current diagnoses are status post left shoulder surgery X 2, compensatory right carpal tunnel syndrome, De Quervain's stenosing tenosynovitis, right wrist, and status post right De Quervain release (10/10/2013). Currently, the injured worker complains of right wrist and left shoulder pain. The right wrist is rated 5-6/10 and the left shoulder is 4/10. The treating physician is requesting retrospective Motrin 600mg #100, Prilosec 20mg #30, and Neurontin 300mg #100, which is now under review. On 12/23/2014, Utilization Review had non-certified a request for retrospective Motrin 600mg #100, Prilosec 20mg #30, and Neurontin 300mg #100. The California MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Motrin 600mg #100, 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG-TWC, Online Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with continued complaints of right wrist and left shoulder pain. The current request is for retro Motrin 600 mg #100, 2 refills. For antiinflammatory medications, the MTUS Guidelines page 22 states, "antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The patient was prescribed Motrin 600 mg on 09/08/2014. According to subsequent progress report dated 11/08/2014, the patient is utilizing Motrin for inflammation and "does not benefit from her medications." Utilization review denied the request stating that there is "no clear documentation provided on how long the patient has been taking NSAIDs, as long-term use is not warranted." In this case, recommendation for further use cannot be made as the patient is seen on a monthly basis and the prescription is for #100 with 2 refills. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The additional refills are not indicated until there is adequate documentation of this medication's efficacy. The requested Motrin 600 mg #100, 2 refills is not medically necessary.

Retro Prilosec 20mg #30, 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG-TWC, Online Edition

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

Decision rationale: This patient presents with continued complaints of right wrist and left shoulder pain. The current request is for retro Prilosec 20mg #30, 2 refills. The treating physician states that the patient is utilizing Prilosec "for GI symptoms secondary to her medication." The MTUS Guidelines page 68 and 69 states that omeprazole is recommended with precaution for patients at risk for gastro events: 1. age is greater than 65; 2. history of peptic ulcer disease and GI bleeding, or perforation; 3. concurrent use of ASA or corticosteroid and/or anticoagulant; 4. high-dose/multiple NSAID. In this case, the patient has been utilizing Motrin on a long-term basis, but the treating physician does not document dyspepsia or documentation of specific gastric issues. The patient's age is under 65 and there is no history of peptic ulcer disease or GI bleeding or perforations. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI risk assessment. The requested Prilosec is not medically necessary.

Retro Neurontin 300mg #100, 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG-TWC, Online Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18-19.

Decision rationale: This patient presents with right wrist and left shoulder pain. The current request is for retro Neurontin 300 mg #100, 2 refills. The MTUS Guidelines has the following regarding gabapentin on pages 18 and 19, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as the first-line treatment for neuropathic pain. Review of the medical file indicates the patient has been utilizing Neurontin for neuropathic pain as early as 09/08/2014. Utilization review denied the request stating that there was "no documentation of 50% reduction in pain and improvement in function with the previous use of this medication to warrant its continued use." In this case, the patient presents with radicular symptoms and progress report has noted that Neurontin has been beneficial in reducing patient's pain; however, recommendation for further use cannot be made as the patient is seen on a monthly basis and the prescription is for #100 with 2 refills. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The additional refills are not indicated until there is adequate documentation of this medication's efficacy. The requested Neurontin 300 mg #100, 2 refills is not medically necessary.