

Case Number:	CM15-0004553		
Date Assigned:	01/15/2015	Date of Injury:	12/15/2004
Decision Date:	03/11/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 67 year old male who sustained an industrial injury reported on 12/15/2004. He has reported constant, bilateral, sharp neck pain with radiation into both upper extremities, which is worse in the morning. Associated symptoms included: weakness, numbness and tingling in the left upper extremity that cause dropping of things; stiffness and spasms in the neck that interfere with sleep; and feelings of depression. The diagnoses have included chronic neck pain with cervical spasms, bilateral shoulder pain with left upper extremity weakness and decreased sensation chronic pain syndrome; anxiety state and depressive disorder. Treatments to date have included consultations; diagnostic imaging studies; right shoulder surgery (3/14/14); heat, transcutaneous electrical stimulation unit, walking, home exercises and medication management all help to stabilize/manage the pain. The work status classification for this injured worker (IW) is noted to be temporarily totally disabled. A progress note on 12/On 12/16/2014 Utilization Review (UR) modified, for medical necessity, the request for Naproxen 550mg #60 with 5 refills - to 2 refills, Neurontin 800mg #90 with 5 refills - to 2 refills, and Omeprazole 20mg #30 with 5 refills - to 2 refills, the Medical Treatment Utilization Schedule Guidelines, chronic pain, non-steroidal anti-inflammatories, neuropathic pain, proton-pump inhibitors, and anti-epilepsy drugs, were cited. Encounter notes, dated 6/6/2014, show that the IW was depressed and with flat affect; that he continues to rely on his medication regimen help manage his pain, decreasing pain by 30%; and that psychiatric pain intervention was necessary. At the time, the claimant had been on Naproxen and Neurontin for pain and neuropathic symptoms. The claimant had been on Omeprazole since December for GI protection. Continued psychiatric

services were noted to have been approved and the IW is noted to be setting the appointment for psychiatric follow-up; this after strong concerns were noted on the psychiatric PR-2, dated 10/16/2013. No more current medical records were available for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg quantity 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen for several months with continued and increasing pain. The claimant required the use of proton pump inhibitors while on Naproxen. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

Neurontin 800mg quantity 90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics and Neurontin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. The Neurontin is not medically necessary.

Omeprazole 20mg quantity 30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

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

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The continued use of NSAIDS (Naproxen) as noted in this case above is not necessary. Therefore, the continued use of Omeprazole is not medically necessary.