MAXIMUS Federal Services

Case Number:	CM15-0014097		
Date Assigned:	02/02/2015	Date of Injury:	10/28/2010
Decision Date:	03/30/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	01/26/2015

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: 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 42-year-old male who reported an injury on 09/05/2008 due to an unspecified mechanism of injury. He reported heartburn due to medication use and headaches as well as bloating. His medications included Prilosec 20 mg 1 tablet twice daily and gabapentin 300 mg 1 tablet 3 times daily. A physical examination showed that he was mildly tender in all quadrants of the abdomen with no rebound. The lumbar spine showed a scar in the midline over the L4, L5, and S1. He was diagnosed with GERD, irritable bowel syndrome, sleep disorder, and probable tension headache. The treatment plan was for omeprazole 20 mg #120 for 90 days and gabapentin 300 mg #270 for 90 days. The rationale for treatment was to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 120 for 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/GI Risks Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for dyspepsia secondary to NSAID therapy and for those who are at high risk for gastrointestinal events due to NSAID therapy. The documentation provided does indicate that the injured worker had a diagnosis of GERD. However, there is a lack of documentation showing that this medication has significantly helped his symptoms to support the request for continuing. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Gabapentin 300mg #270 for 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: Gabapentin is recommended by the California MTUS Guidelines as a first line treatment option in treating neuropathic pain. The documentation provided does not indicate that the injured worker has any signs and symptoms of neuropathic pain to support the request for gabapentin. Also, a quantitative decrease in pain and an objective improvement in function due to the use of this medication was not documented. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.