

Case Number:	CM15-0016424		
Date Assigned:	02/04/2015	Date of Injury:	05/12/2011
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/28/2015

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: Preventive Medicine, Occupational Medicine

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 48 year old female who sustained an industrial injury reported on 5/12/2011. She has reported ongoing complaints to the neck, upper back, bilateral shoulders and elbows, and wrist pain. The diagnoses have included bilateral sprain of the hand; right medial epicondylitis; right lateral epicondylitis; myalgia/myositis; and post-surgical left shoulder. Treatments to date have included consultations; diagnostic imaging studies; nerve conduction studies and electromyogram of the left upper extremity (10/20/11 & 4/12/12); ultrasound of the left shoulder (5/13/14); left shoulder arthroscopy (2012); heat and ice therapy; home exercise with range-of-motion exercises; and medication management. The work status classification for this injured worker (IW) was noted to be back to work on modified duty. On 1/27/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/16/2014, for Neurontin 300mg 2 x a day, #120; Mobic 15mg daily, #120; and Prilosec 20mg daily, #60. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, Gabapentin, Non-steroidal anti-inflammatory therapy, gastrointestinal & cardiac risks, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg QTY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) section Page(s): 16-21.

Decision rationale: (AEDs) section, page(s) 16-21 The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. 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. The medical records do not indicate that the injured worker has symptoms or objective findings for neuropathic pain. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Neurontin 300mg QTY 120 is determined to not be medically necessary.

Mobic 15mg QTY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications section, NSAIDS, Specific Drug List and Adverse-Effects section Pa.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Medical necessity for Mobic has not been established within the recommendations of the MTUS Guidelines. The request for Mobic 15mg QTY 120 is determined to not be medically necessary.

Prilosec 20mg QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Prilosec 20mg QTY 60 is determined to not be medically necessary.