

Case Number:	CM15-0018877		
Date Assigned:	02/06/2015	Date of Injury:	06/08/2013
Decision Date:	04/14/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 47-year-old male, who sustained an industrial injury on 6/08/2013. The mechanism of injury was not noted. The diagnoses have included displacement of cervical intervertebral disc without myelopathy, lumbar disc herniation, and left hand carpal tunnel syndrome. Treatment to date has included conservative measures. The PR2 reports submitted were handwritten and greatly illegible, including the date of examination(s). Radiographic testing was not submitted. Bilateral L4-L5 and L5-S1 transforaminal steroid injection was submitted, pre-operative diagnosis date noted as 9/10/2014, but date of procedure not noted. The injured worker's complaints were difficult to read, as were objective findings. The request for authorization included topical compound creams, Anaprox, Prilosec, Tramadol, interpreter services, medical foods (Gabadone), and non-invasive DNA test. On 1/21/20105, Utilization Review non-certified a retrospective request for Naproxen (Anaprox) 550mg #60 and Omeprazole (Prilosec) 20mg #60, citing the MTUS Chronic Pain Medical Treatment Guidelines, and non-certified a retrospective request for Gabadone #60, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Naproxen (Anaprox) 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66 & 73 of 127.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. The injured employee has a diagnosis of thoracic and lumbar spine pain and naproxen is indicated for the injured worker's knee pain. The request is medically necessary.

Omeprazole (Prilosec) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

Gabadone #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) - Medical Food, updated April 1, 2014.

Decision rationale: GABAdone is a proprietary blend of neurotransmitters and neurotransmitter precursors (gammaaminobutyric acid [GABA], L-glutamate, 5-hydroxytryptophan, choline

bitartrate); neurotransmitter (GABA) potentiator (valerian); activators of precursor utilization (acetyl-L-carnitine, L-glutamate, cocoa powder); an amino acid uptake stimulator (gingko biloba); activators of amino acid utilization (L-glutamate, cocoa powder); polyphenolic antioxidants (grape seed extract, cocoa powder); anti-inflammatory and immunomodulatory peptides (whey protein hydrolysate); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grape-seed extract). There is no known benefit of these ingredients for the injured employees condition of low back pain. As such, this request for Gabadone is not medically necessary.