

Case Number:	CM15-0111416		
Date Assigned:	06/17/2015	Date of Injury:	05/14/2012
Decision Date:	08/11/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 56 year old male, who sustained an industrial injury on 5/14/2012. The mechanism of injury was a cumulative injury. The injured worker was diagnosed as having left shoulder-status post 2 surgeries and right shoulder damage. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 4/20/2015, the injured worker complains of bilateral shoulder pain-left greater than right. Physical examination showed a painful left shoulder. The treating physician is requesting Omeprazole (Prilosec) 20 mg #6--retrospective 3/25/2015 and Gabapentin 600 mg #60-retrospective 3/25/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pharmacy purchase of Gabapentin 600mg #60 date of service 3/25/15:

Upheld

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

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

Decision rationale: 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 clinical documentation does not clearly show that the injured worker has a subjective complaint of neuropathic pain or an objective finding of neuropathic signs on physical examination. The request for retrospective pharmacy purchase of Gabapentin 600mg #60 date of service 3/25/15 is determined to not be medically necessary.

Retrospective pharmacy purchase of Omeprazole (Prilosec) 20mg #60 date of service 3/25/15: Upheld

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

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. Per the available documentation the injured worker has complained of heartburn with the use of NSAIDs. NSAIDs have been discontinued, therefore, continued use of Prilosec is not warranted. The request for retrospective pharmacy purchase of Omeprazole (Prilosec) 20mg #60 date of service 3/25/15 is determined to not be medically necessary.