

<b>Case Number:</b>	CM15-0111598		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/26/2007
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 50 year old female, who sustained an industrial injury on 6/26/07. The initial diagnosis and symptoms experienced were not included in the documentation. Treatment to date has included psychotherapy (1 session), acupuncture (19 sessions), chiropractic (8 sessions) and physical (15 session) therapies, MRI, nerve conduction study, and medication. Currently, the injured worker complains of increased pain in her back and both legs. Her back pain is described as constant, achy and dull. She notes the pain radiates down her both of her legs and is accompanied by weakness and numbness to her toes. The pain is exacerbated by prolonged sitting, standing and walking. She rates her pain at 8/10. She also reports neck pain described as constant and sharp, which radiates to both of her shoulders and is accompanied with numbness, weakness and tingling that extends to her hands. She rates the pain 8/10 and states any activity increases her neck pain. She also notes her hands are swelling. The injured worker reports sleep disturbance due to the pain, which has improved some (gaining 1-2 hours/night) with the use of Elavil. The injured worker is currently diagnosed with thoracic or lumbosacral neuritis or radiculitis (unspecified), displacement of lumbar intervertebral disc without myelopathy, spinal stenosis of lumbar region without neurogenic claudication, degeneration of intervertebral disc (site unspecified), other symptoms referable to back are depressive disorder, anxiety, lack of adequate sleep, degeneration of lumbar or lumbosacral intervertebral disc. A note dated 4/21/15 states the injured worker experienced minimal relief with acupuncture, a 40%-50% decrease of pain and improved function, which was temporary, and minimal temporary relief with physical therapy. Ibuprofen is effective to help decrease the inflammation and pain in her legs. On examination the following were revealed; decreased

decreased sensation throughout the right upper extremity, right L4, L5 and S1 dermatomes, unable to heel and toe walk due to weakness (right greater than left), and cervical, thoracic and lumbar tenderness and muscle spasms on both sides. The nerve conduction study revealed abnormal findings as did the MRI. The following treatments are being requested Duloxetine DR 30 mg #30, CM1 Gabapentin 10% and Omeprazole 20 mg capsules #60. The goal is to decrease her pain with Duloxetine and Gabapentin and continue to manage her gastrointestinal symptoms with Omeprazole.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Duloxetine DR 30mg capsules #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15, 16.

**Decision rationale:** MTUS Guidelines support the use of antidepressants for chronic pain in particular for chronic pain with a significant neuropathic pain component which this individual has. It is documented that low dose Elavil has been beneficial for sleep, but there is nothing in the Guidelines that would contradict at least a trial of an antidepressant with a different mechanism of action. Under these circumstances, Guidelines support at least a trial of Duloxetine DR 30mg capsules #30, it is medically necessary. If it appears ineffective and is continued to be prescribed, this can be re-reviewed in the future.

#### **CM1 Gabapentin 10 percent: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Guidelines are very specific with the recommendations that only FDA/Guideline supported topical medications be considered and if an ingredient is not recommended any compound that contains that ingredient is not supported. The MTUS Guidelines are clear in stating that topical Gabapentin is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The CM1 Gabapentin 10 percent is not medically necessary.

#### **Omeprazole 20mg capsules #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 NSAIDs and GI symptoms Page(s): 68.

**Decision rationale:** MTUS Guidelines support a usual and customary dose of Omeprazole (20mg per day) for individuals that have GI symptoms associated with NSAID use. There is no supported medical rationale for this individual to office dispense and recommend double the usual and customary dose of Omeprazole (20mg. twice a day). This is not a benign class of drugs (proton pump inhibitors) when utilized long term. It's use is associated with an increased fracture risk, dysregulation of biological minerals and there is recent publications that links use to an increased risk for cardiovascular disease. Under these circumstances, the Omeprazole 20mg capsules #60 is not supported at the recommended dosing schedule and is not medically necessary.