

Case Number:	CM15-0115499		
Date Assigned:	06/23/2015	Date of Injury:	11/15/2011
Decision Date:	07/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 November 15, 2011. The injury occurred while the injured worker was sitting on the floor filing forms. The injured worker experienced low back pain radiating to the left buttocks and posterior thigh to the knee. The diagnoses have included left sacroiliac joint dysfunction, thoracic spine herniated nucleus pulposus, lumbar herniated nucleus pulposus, lumbar degenerative disc disease with radiculopathy and a history of a gastrointestinal bleed. Treatment to date has included medications, radiological studies, MRI, epidural steroid injections, electrodiagnostic studies, physical therapy, psychological testing, aqua therapy and a home exercise program. Current documentation dated May 6, 2015 notes that the injured worker reported left lower back pain radiating into the buttock and left lateral hip area. The injured worker also noted left thoracic spine pain which radiated to the left flank and left axillary area. Examination of the lumbar spine revealed tenderness to palpation in the left buttock over the sacroiliac joint and along the left superior gluteus area. Range of motion was noted to be decreased and painful on extension. Examination of the thoracic spine revealed tenderness to palpation over the paraspinal area on the left, left lower rib cage and mid axillary area. A FARER (flexion, abduction and external rotation) test was positive. The treating physician's plan of care included a request for Gabapentin 600 mg #120, Protonix 20 mg # 60 and Mobic 7.5 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg, 3 po bid #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-19, 49.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. There is a lack of evidence to demonstrate that anti-epilepsy drugs significantly reduce the level of myofascial or other sources of somatic pain. The documentation supports that the injured worker had been on gabapentin for a prolonged period of time. However, the records do not indicate any significant functional improvement that would support ongoing use. The injured workers pain levels did not show significant improvement and the efficacy of the medication was not provided. Therefore, the request for gabapentin 600 mg #120 is not medically necessary.

Protonix 20 mg, 2 po qd prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 69.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend that clinicians weight the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. Risk factors to determine if the patient is at risk for gastrointestinal events are: age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS Chronic Pain Medical Treatment Guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a PPI or misoprostol (200 g four times daily) or a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. In this case the injured worker had a history of a gastrointestinal bleed. Pantoprazole is FDA approved for treatment of erosive esophagitis and hyper secretory conditions neither of which is present in the IW. Additionally, the request for ongoing non-steroidal anti-inflammatory drugs was recommended not medically necessary. Therefore, continued use of a proton pump inhibitor medication would not be medically necessary.

Mobic 7.5 mg qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-68, 70, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 70, 71, 72.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends non-steroidal anti-inflammatory drugs as an option for short-term use to reduce pain so activity and functional restoration can resume. The long-term use of non-steroidal anti-inflammatory drugs is not without significant gastrointestinal, cardiovascular and renal risks. Before prescribing medications for chronic pain the following should occur: determine the aim of the use of the medication, determine the potential benefits and adverse effects and determine the injured workers preference. Only one medication should be given at a time with interventions that are active and passive unchanged at the time of the medication change. The MTUS guidelines state that injured workers with a high risk for gastrointestinal events, who are taking non-steroidal anti-inflammatory drugs, would also require a proton pump inhibitor medication. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. The documentation supports that the injured worker had a history of a gastrointestinal bleed and has been on a proton pump inhibitor medication for a prolonged period of time. In this case there is no documentation of significant pain relief or functional improvement noted with the continued use of the requested medications. Therefore, the request for Mobic 7.5 mg # 30 is not medically necessary.