

<b>Case Number:</b>	CM15-0117355		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	12/13/2004
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old male patient, who sustained an industrial injury on 12/13/2014. Diagnoses include chronic pain syndrome, cervical brachial syndrome and lumbar spine sprain/strain. Per the Primary Treating Physician's Progress Report dated 2/26/2015, he had complaints of neck pain that radiates into the bilateral upper extremities with increasing daily headaches. He also reported low back pain that radiates down into bilateral ankles. He continues to have ringing in the ears. He rates his pain as 8/10 and medications help. Physical examination revealed pain in the cervical spine with tenderness in the bilateral occipital region, limited range of motion in the neck with stiffness, decreased range of motion of the lumbar spine in all planes due to pain, numbness in the lateral aspect of both lower extremities, however improved with Horizant. The medications list includes horizant, Motrin and prilosec. He has had chiropractic care for this injury. Per the records, provided patient has tried and failed TCA's, Gabapentin and lyrica due to side effects for this injury. The plan of care included medications and authorization was requested for Horizant 600mg #60, Motrin 800mg #60 and Prilosec 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Horizant 600 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Release for Horizant (gabapentin enacarbil).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter: Pain (updated 07/15/15) Horizant (gabapentin enacarbil ER).

**Decision rationale:** Horizant 600 mg, sixty count. Per the cited guidelines, Horizant (Gabapentin enacarbil ER) is "Not recommended as a first-line agent. Horizant (Gabapentin enacarbil extended release) is FDA approved for treatment of restless legs syndrome. (FDA, 2011) There is no evidence to support use of Horizant for neuropathic pain conditions or fibromyalgia without a trial of generic Gabapentin regular release." Evidence of restless legs syndrome is not specified in the records provided. Therefore, there is no high-grade scientific evidence to support the use of Horizant for this diagnosis. Per the records, provided patient has tried and failed TCA's, Gabapentin and Lyrica due to side effects for this injury. However, documentation of response to generic Gabapentin/ pregabalin with dose, duration and exact side effect is not specified in the records provided. The medical necessity of Horizant 600 mg, sixty counts is not medically necessary for this patient.

**Motrin 800 mg, sixty count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

**Decision rationale:** Motrin 800 mg, sixty counts. Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had complaints of neck pain and low back pain with radicular symptoms. Physical examination revealed tenderness and decreased range of motion (ROM) of the lumbar spine and cervical spine. NSAIDs are considered first line treatment for pain and inflammation. The request for Motrin 800 mg, sixty counts is medically necessary for this patient to use as prn to manage his chronic pain.

**Prilosec 20 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page 68-69.

**Decision rationale:** Prilosec 20 mg, thirty counts. Prilosec contains Omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events." Patients at high risk for gastrointestinal events. "Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records if the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec 20 mg, thirty counts is not medically necessary for this patient.