

Case Number:	CM15-0119006		
Date Assigned:	06/29/2015	Date of Injury:	02/19/2010
Decision Date:	07/28/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/19/2015

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, Indiana, New York
Certification(s)/Specialty: 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 51 year old female with an industrial injury dated 02/19/2010. The injured worker's diagnoses include De Quervain's disease, medial epicondylitis, cervical disc displacement at C5-6, and lateral epicondylitis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/05/2015, the injured worker reported bilateral shoulder pain, bilateral wrist pain, right elbow pain, neck pain, low back pain and thoracic pain with radiation to the right leg. Objective findings revealed positive Electromyography (EMG) /Nerve conduction velocity (NCV) for left carpal tunnel syndrome. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed Naproxen Sodium 550mg #60, Omeprazole DR 20mg #60 and Gabapentin 550mg/Acetyl L-Carnitine 75mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen sodium 550mg #60 mg is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are rotator cuff left shoulder; medial epicondylitis; cervical disc disease at C5-C6; and lateral epicondylitis. The documentation's handwritten and brief. The date of injury is February 19, 2010. The earliest progress note containing naproxen sodium is dated May 5, 2015. A progress note dated February 10, 2015, March 24, 2015 and April 14, 2015 contained prescriptions for ibuprofen 800 mg. The start date for ibuprofen cannot be ascertained by the medical records available for review. On May 5, 2015, the treating provider changed ibuprofen to naproxen sodium. There is no clinical rationale for changing one nonsteroidal anti-inflammatory drug to another. There is no evidence to recommend one drug in this class over another based on efficacy. There is no documentation demonstrating objective functional improvement with ongoing ibuprofen. Consequently, absent clinical documentation with objective functional improvement with ibuprofen, and a clinical indication and rationale for changing ibuprofen to naproxen sodium, Naproxen sodium 550mg #60 mg is not medically necessary.

Omeprazole DR 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole DR 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are rotator cuff left shoulder; medial epicondylitis; cervical disc disease at C5 - C6; and lateral epicondylitis. The documentation's handwritten and brief. The date of injury is February 19, 2010. The earliest progress note containing Omeprazole DR 20mg is dated February 10, 2015. There is no documentation of a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory

drugs. There are no co-morbid conditions or risk factors that warrant a proton pump inhibitor. Omeprazole DR 20mg is indicated once daily. The treating provider requests a quantity of #60 that translates to Omeprazole DR 20 mg bid. Consequently, absent clinical documentation with a clinical indication and rationale for Omeprazole and co- morbid conditions or risk factors for proton pump inhibitors, Omeprazole DR 20 mg #60 is not medically necessary.

Gabapentin 550mg/Acetyl L-Carnitine 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin and Other Medical Treatment Guidelines <http://www.webmd.com/vitamins-supplements/ingredientmono-834-acetyl-l-carnitine.aspx?activeingredientid=834&activeingredientname=acetyl-l-carnitine>.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 550/acetyl L-Carnitine 75mg is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are rotator cuff left shoulder; medial epicondylitis; cervical disc disease at C5-C6; and lateral epicondylitis. The documentation's handwritten and brief. The date of injury is February 19, 2010. The earliest progress note containing Gabapentin is dated February 10, 2015. Gabapentin was changed to the combination Gabapentin 550 mg/acetyl L-Carnitine 75 mg on May 5, 2015. Subjectively, the injured worker had right shoulder, elbow and wrist pain and left wrist and left shoulder pain. Objectively, there was no physical examination present. There was no neurologic examination. There was no clinical indication or rationale in the medical record for (combination) Gabapentin 550 mg/acetyl L Carnitine 75 mg. There was no documentation of objective functional improvement with ongoing Gabapentin (not in combination with Acetyl L-Carnitine). There was no documentation indicating neuropathic symptoms and signs in the medical record. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines, a clinical rationale for changing Gabapentin 550 mg/acetyl L-Carnitine 75 mg, Gabapentin 550/Acetyl L-Carnitine 75mg is not medically necessary.