

<b>Case Number:</b>	CM15-0124411		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	02/13/2006
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, New York, 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 applicant is a represented 34-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 13, 2006. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve a request for omeprazole and Neurontin. The claims administrator referenced May 21, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On January 7, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. Norco and Neurontin were endorsed. The applicant's work status was not detailed. On February 12, 2015, the applicant again reported ongoing complaints of low back pain radiating into the bilateral lower extremity, status post earlier failed lumbar spine surgery. The applicant was using Norco and Neurontin, it was reported. The applicant is 5 feet 11 inches tall and weighed 287 pounds, it was reported. Norco, Neurontin, oral fenoprofen, and Protonix were all endorsed. The applicant reported difficulty with prolonged standing, walking, and sitting, it was reported. It was suggested that Protonix was being used for cytoprotective effect as opposed to for actual symptoms of reflux. On May 21, 2015, Protonix was discontinued while Celebrex and Prilosec were endorsed on a trial basis. Norco and Neurontin were renewed. The attending provider stated that the applicant had developed gastritis with previously prescribed diclofenac. The applicant's work status was, once again, not clearly detailed. The attending provider posited that the applicant's medications were ameliorating his ability to stand and walk, and were reducing his pain scores to some degree.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** Yes, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. Here, the request in question was framed as a first-time request for omeprazole, per progress note of May 21, 2015. The applicant reported issues with diclofenac-induced gastritis on that date. Introduction of omeprazole (Prilosec), thus, was indicated on or around the date in question. Therefore, the request was medically necessary.

### **Neurontin 800mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

**Decision rationale:** Conversely, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant's work status was not reported on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agent such as Norco, it was acknowledged on May 21, 2015. The applicant continued to report difficulty with standing and walking tasks on that date. All of the forgoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Neurontin (gabapentin). Therefore, the request was not medically necessary.