MAXIMUS Federal Services

Case Number:	CM15-0128945		
Date Assigned:	07/15/2015	Date of Injury:	09/04/2009
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, 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:

The injured worker is a 47 year old female, who sustained an industrial injury on September 4, 2009. She reported an injury to her right shoulder and low back. Treatment to date has included physical therapy, chiropractic therapy, epidural steroid injection, medial branch block, TENS unit and medications. Currently, the injured worker complains of right shoulder pain, neck pain and low back pain. She reports that her pain is primarily in the low back. She rates her pain a 7 on a 10-point scale and notes that the pain is aggravated with increased activities. Her pain is relieved with medications and rest. Currently the injured worker performs her activities of daily living but has restricted employment due to pain. She reports associated numbness of the back and legs. She notes that he current pain medication regimen is providing a 50% decrease in pain. Her current medication regimen includes gabapentin, venlafaxine and pantoprazole. The diagnoses associated with the request include depressive psychosis, chronic pain, lumbosacral sprain, lumbar disc displacement at L4-5 and L5-6, rotator cuff syndrome of the right shoulder, lumbosacral neuritis, and reflux esophagitis. The treatment plan includes electro-acupuncture treatment, and continuation of gabapentin, pantoprazole and venlafaxine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. The exam does not show clear radiculopathy. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

Pantoprazole 40mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Pain Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/PPI.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is mention of reflux esophagitis but there is no justification for several years use. There is no mention of EGD of H. Pylori testing. Most cases require 4 weeks of a PPI. There was no mention of NSAID use. Therefore, the continued use of Omeprazole is not medically necessary.

Venlafaxine 150mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 15-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter and 50.

Decision rationale: Venlafaxine is an SNRI. Similar to SSRI this medication is indicated for depression, PTSD but also anxiety. The guidelines indicate that Venlafaxine is 1st line for anxiety related to pain and few patients need to be treated to see effectively. It is FDA-approved for anxiety, depression, panic disorder and social phobias. In this case, the claimant does have a noted history of depression and psychosis due to pain but response to medication and adjective use of therapy and other modalities is not well documented. In addition 3 months of future refills is not justified and not medically necessary.