MAXIMUS Federal Services

Case Number:	CM15-0171388		
Date Assigned:	09/11/2015	Date of Injury:	03/14/2011
Decision Date:	10/09/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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 male with an industrial injury dated 03-14-2011. A review of the medical records indicates that the injured worker is undergoing treatment for left S1 radiculopathy per EMG, left knee and ankle arthralgia, lumbar spine degenerative disc disease, facet arthropathy lumbar spine, and multiple herniated nucleus pulposus of the lumbar spine with foraminal narrowing. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine dated 11-26-2012, Electromyography (EMG) and nerve conduction studies (NCS) of bilateral lower extremities dated 03-06-2012, microlumbar decompression of left L4-5 and bilateral L5-S1 on 6-27-2013, prescribed medications, lumbar corset for stability, 17 sessions of chiropractic treatment, 8 sessions of physical therapy prior to surgery in 2012 and periodic follow up visits. Medical records indicate low back pain and bilateral upper extremity complaints. According to the progress report dated 6-22-2015, the injured worker reported shoulder pain with radiation down to mid back and difficulty sleeping secondary to pain. The injured worker rated low back pain 6-7 out of 10. The injured worker also reported radiating pins and needles into the bilateral lower extremities. He reported 25% pain reduction from medication. Objective findings (6-22-2015) revealed antalgic and slow gait, very mild tenderness to palpitation of the bilateral lumbar paraspinal muscles, right greater than left, decreased sensation in the left L4 to L5 dermatomes, and bilateral positive straight leg raises. The treatment plan consisted of medication management. A prescription for Prilosec and gabapentin cream was given due to the injured worker's occasional side effects with the use of oral medication. The treating physician requested Omeprazole 20mg #60 and CM1-Gabapentin 10% Rx#156936, now

under review. Utilization Review determination on 07-31-2015, non-certified the request for Omeprazole 20mg #60 and CM1-Gabapentin 10% Rx#156936.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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 no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant was on NSAIDS for several months and for that reason was on Omeprazole for prevention but there is no indication for long-term NSAID use. Therefore, the continued use of Omeprazole is not medically necessary.

CM1-Gabapentin 10% Rx#156936: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti-epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant was already on several oral analgesics. The claimant was on topical analgesics including LidoPro for several months. Long-term use of topical is not indicated. Since the compound above contains these topical medications, the CM1-Gabapentin 10% is not medically necessary.