

<b>Case Number:</b>	CM15-0172886		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/13/1996
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: 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 injured worker is a 56 year old male, who sustained an industrial injury on 3-13-1996. Medical records indicate the worker is undergoing treatment for post lumbar laminectomy syndrome. A recent progress report dated 7-2-2015, reported the injured worker complained of increasing low back pain with right leg cramping and increased anxiety. He also reports inability to complete home exercise program due to pain. Physical examination revealed minimal lumbar tenderness, right sacroiliac tenderness and increased numbness to the right anterior thigh. Treatment to date has included physical therapy, home exercise program and medication management. Pelvic magnetic resonance imaging showed anterior lumbar 5-sacral 12 fusion, bilateral hip anterior superior labral tears and small bilateral inguinal hernias. Medications include Zanaflex, Lidoderm patch, Ambien, Gabapentin, Omeprazole, Norco and OxyContin. The physician is requesting Gabapentin 600 mg #120 with 2 refills, Omeprazole 20 mg #30 with 2 refills, Celebrex 200 mg #30 and Percocet 10-325mg #120. On 8-10-2015, the Utilization Review modified Gabapentin 600 mg #120 with 2 refills to no refills and Omeprazole 20 mg #30 with 2 refills to no refills and noncertified Celebrex 200 mg #30 and Percocet 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #120 with 2 refills: 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. Gabapentin is medically appropriate for this patient. However, the original reviewer modified the request to exclude all refills as this patient is seen monthly for pain management. Gabapentin 600mg #120 with 2 refills is not medically necessary.

**Omeprazole 20mg #30 with 2 refills:** 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 Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. Omeprazole is medically appropriate for this patient. However, the original reviewer modified the request to exclude all refills as this patient is seen monthly for pain management. Omeprazole 20mg #30 with 2 refills is not medically necessary.

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. This patient is taking Omeprazole to

address his GI complaints, there is no need for a selective COX inhibitor over the use of other NSAIDs. Celebrex 200mg #30 is not medically necessary.

**Percocet 10/325mg #120:** 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): Opioids for chronic pain.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. This patient is also currently prescribed OxyContin for pain. The addition of Percocet would put the MED over the guideline supported levels of dosage. Percocet 10/325mg #120 is not medically necessary.