

Case Number:	CM15-0060275		
Date Assigned:	04/06/2015	Date of Injury:	11/03/2003
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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: Emergency 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 60 year old female, who sustained an industrial injury on 11/03/2003. Diagnoses include bilateral hip replacement, right knee replacement and bilateral foot pain secondary to altered gait. Treatment to date has included surgical intervention, diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 2/27/2015, the injured worker reported cervical, cervical dorsal, thoracic, thoracolumbar, lumbar, lumbosacral, knee, and foot pain rated as 8/10 without medications and noticeable 75% of the time. Physical examination revealed active trigger points in the gluteal and hip regions. There was edema upon digital palpation of the right knee. There was foot tenderness from compensation. The plan of care included home care services, supplies and medications and authorization was requested for Ibuprofen, Gabapentin and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. It is unclear how long patient has been on this medication or what is being treated. There is no documentation of neuropathy or a diagnosis of radiculopathy. There is documentation of worsening pain on this medication. There is no documentation of benefit with poor documentation supporting current use. Gabapentin is not medically necessary.

Omeprazole 40 mg, thirty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on ibuprofen therapy that was approved by Utilization Review. Patient is over 65-years-old that places patient on higher risk for GI bleed. Omeprazole is medically necessary.