

Case Number:	CM15-0071369		
Date Assigned:	04/21/2015	Date of Injury:	12/16/2010
Decision Date:	05/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on 12/16/10. He reported pain in his neck and lower back. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, shoulder sprain, cervical radiculopathy and hand sprain. Treatment to date has included an epidural injection and pain medications. As of the PR2 dated 3/23/15, the injured worker reports chronic neck and lower back pain that radiates to the bilateral upper and lower extremities. He rates his pain a 5/10. The treating physician noted spasms, tenderness and guarding in the paravertebral musculature of the lumbar and cervical spine. The treating physician requested Prilosec 20mg #360 and Neurontin 300mg #540.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg a day, QTY: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Omeprazole, Proton Pump Inhibitor.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec (Omeprazole) 20 mg #360 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are sprains and strains of foot; lumbar disc displacement without myelopathy; shoulder sprain/strain; and cervical radiculopathy. There are multiple progress notes numerical record dated September 29, 2014; January 26, 2015; and February 23, 2015. The progress notes are cursory and contain minimal clinical information. The progress note dated February 23, 2015 indicates subjective symptoms are unchanged. There are no objective clinical findings documented in the medical record progress note. There is no clinical documentation in the medical record indicating Prilosec 20 mg is clinically indicated. There is no documentation of history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs use. Prilosec 20 mg once daily is the appropriate dosing of the drug. The treating provider prescribed Prilosec 20 mg #360 quantity. This translates into a six month supply (#60 per month with b.i.d dosing). Consequently, absent clinical documentation with a clinical indication and rationale for ongoing Prilosec 20 mg, objective functional improvement with ongoing Prilosec with excessive dosing of Prilosec 20 mg b.i.d. #60 per month, Prilosec (Omeprazole) 20 mg #360 is not medically necessary.

Neurontin 300mg every 8 hours, QTY: 540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 300 mg one tablet every eight hours #540 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are sprains and strains of foot; lumbar disc displacement without myelopathy; shoulder sprain/strain; and cervical radiculopathy. There are multiple progress notes numerical record dated September 29, 2014; January 26, 2015; and February 23, 2015. The progress notes are cursory and contain minimal clinical information. The progress note dated February 23, 2015 indicates subjective symptoms are unchanged. There were no objective findings in the medical

record progress note. The injured worker carries a diagnosis of cervical radiculopathy and it is unclear whether Neurontin is treating this particular diagnosis (based on the available documentation). There is no documentation of objective functional improvement with ongoing Neurontin 300 mg. Additionally, the treating provider requested a six-month supply of Neurontin with minimal clinical information to support the ongoing renewal. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Neurontin with a five-month refill, Neurontin (Gabapentin) 300 mg one tablet every eight hours #540 is not medically necessary.