

<b>Case Number:</b>	CM15-0073698		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/02/2009
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 50 year old male, who sustained an industrial injury on March 2, 2009. He reported twisting his right foot and his legs splint with mid-section, pelvic, and buttocks pain. The injured worker was diagnosed as having gastrointestinal reflux disease, medication related dyspepsia, diabetes mellitus, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, and liloinguinal neuralgia. Diagnostics to date has included MRI, electromyography / nerve conduction studies, and urine drug screening. Treatment to date has included bracing, crutches, work modifications, physical therapy, lumbar epidural steroid injection, thoracic epidural steroid injection, and anti-epilepsy, histamine 2 blocker, muscle relaxant, and pain medications. On March 10, 2015, the injured worker complains of neck pain radiating down his bilateral upper extremities. Associated symptoms include frequent tingling in the upper extremities to the hands and neck muscle spasms. He complains of low back pain radiating down the bilateral lower extremities. Associated symptoms include frequent numbness in the bilateral lower extremities to the feet. His pain is rated 8/10 on average with medications and 10/10 on average without medications since the prior visit. He reported frequent severe nausea and gastrointestinal reflux disease and gastrointestinal upset related to medications. His medications are helpful. The physical exam revealed spinal vertebral tenderness at cervical 5-7 and decreased cervical range of motion due to pain. There was paraspinal muscles spasm and spinal vertebral tenderness at thoracic 5-9. There was spinal vertebral tenderness and spasm at lumbar 4-sacral 1, limited lumbar range of motion due to pain, decreased sensation along the bilateral lumbar 4-sacral 1 dermatome in the bilateral lower extremities, positive bilateral seated

straight leg raise, and coccyx tenderness. The treatment plan includes renewal of his current anti-epilepsy, proton pump inhibitor, and oral anti-diabetic medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 300mg #60:** 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. Furthermore, the treatment duration was longer than recommended (several months). Gabapentin is not medically necessary.

**Metformin 500mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Blood Glucose in Type 2 Diabetes Mellitus, CYNTHIA M. RIPSIN, MD, MS, MPH; HELEN KANG, MD; and RANDALL J. URBAN, MD, University of Texas Medical Branch, Galveston, Texas Am Fam Physician. 2009 Jan 1; 79 (1): 29-36.

**Decision rationale:** According to the referenced literature, Metformin is indicated for the management of type 2 diabetes. The claimant does have this diagnosis. Diet and exercise are superior than Metformin in obtaining control. Using medications requires routine monitoring of blood sugars, renal panels and A1c. The claimant had been on Metformin for a prolonged period without indication of periodic or recent lab work. The continued use of Metformin without the above interventions and diagnostics is not medically necessary.

**Pantoprazole DR 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, Pantoprazole 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 besides GED or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.