

Case Number:	CM15-0078670		
Date Assigned:	04/29/2015	Date of Injury:	03/21/2008
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old female, who sustained an industrial injury on March 21, 2008. The injured worker has been treated for neck, bilateral shoulder and upper arm complaints. The diagnoses have included lumbar herniated nucleus pulposus with radiculitis, right shoulder strain, left shoulder impingement/tendinitis, anxiety, depression, insomnia. Treatment to date has included medications, radiological studies, electrodiagnostic studies, acupuncture treatments, chiropractic care, physical therapy and left carpal tunnel release surgery. Current documentation dated January 6, 2015 notes that the injured worker reported worsening left wrist and left shoulder pain. Associated symptoms included numbness, weakness and swelling. The left wrist pain was noted to radiate up the forearm. Examination of the cervical spine and left shoulder revealed tenderness, a decreased range of motion and positive Spurling and foramina compression tests. Left wrist examination revealed tenderness and swelling of the wrist and tenderness of the forearms. The treating physician's plan of care included a request for the medications Prilosec and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin refills x 3 months: 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 Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), 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". There was no clear evidence that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. In addition, there is no information on the dose, frequency, and quantity of the requested Gabapentin. Therefore, the request for Gabapentin refills x3 months is not medically necessary.

Prilosec 20mg 1 tab QD #60 refills x 3 months: Upheld

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

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events 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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issues that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Prilosec 20mg #60, refills x3 months is not medically necessary.