

<b>Case Number:</b>	CM15-0126504		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 30 year old female who sustained an industrial injury on 08-04-2011. According to a progress report dated 03-23-2015, the injured worker presented for a follow up of low back pain. She had not been able to come in since January because she did not have a car and could not find a way. She denied any significant changes in pain. She reported that she had high levels of pain on a constant basis. Pain was rated 8 out of 10. She had radiation of pain into the legs. Activities such as cooking, washing clothes, sweeping and vacuuming were limited because of pain. Buprenorphine decreased pain by 30% and she was able to better tolerate the above activities. Gait was antalgic. Lumbar extension was measured at 10 degrees. Lumbar flexion was 20 degrees. Straight leg raise was positive on the right. Spasm and guarding was noted in the lumbar spine. Medication regimen included Buprenorphine HCL sublingual, Capsaicin cream, Venlafaxine HCL ER, Gabapentin and Omeprazole. Diagnoses included long-term use meds not elsewhere classified, lumbar disc displacement without myelopathy, sciatica and disorders sacrum. Prescriptions were written for Pantoprazole (Protonix) (unable to get the Omeprazole), Buprenorphine HCL sublingual, Capsaicin 0.075% cream (site of application was not specified in this report), Venlafaxine HCL ER and Gabapentin. Documentation submitted for review shows that these medications were prescribed also on 01-07-2015. A functional restoration program was recommended. The injured worker was permanent and stationary with permanent disability. She was to return in 4 weeks for a follow up. On 06-17-2015, Utilization Review non-certified the request for retrospective Pantoprazole 20 mg #60 dispensed on 03-23-2015, retrospective Capsaicin 0.075% cream #2 dispensed on 03-23-2015 and retrospective

Gabapentin 600 mg, #120 dispensed on 03-23-2015 and certified the request for Venlafaxine and conditionally non-certified Buprenorphine HCL.

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

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

#### **Retrospective Pantoprazole 20mg, #60 dispensed on 03/23/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Pantoprazole is a proton-pump inhibitor (PPI) used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia in patients on NSAIDs. Patient has no GI complaints and is not noted to be on an NSAID. Patient does not meet MTUS criteria for use of PPI. Pantoprazole is not medically necessary.

#### **Retrospective Capsaicin 0.075% cream, #2 dispensed on 03/23/2015: 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): Capsaicin, topical.

**Decision rationale:** MTUS chronic pain guidelines recommend capsaicin as an option if other modalities are not effective. There is some evidence of efficacy in neuropathic conditions. There is no documentation of first line medication failure. As per MTUS guidelines, the dosage of 0.075% is considered a high and experimental dose and there is no evidence to support a dose beyond 0.025%. The current high dose and indication for capsaicin is not and is therefore not medically necessary.

#### **Retrospective Gabapentin 600mg, #120 dispensed on 03/23/2015: 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:** Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication with no documentation of actual benefit. There is no documentation of any objective improvement with noted documentation of worsening pain. Provider has not documented any plan in dose adjustments therefore continued ineffective use of this medication cannot be recommended. Gabapentin is not medically necessary.

