

Case Number:	CM13-0021445		
Date Assigned:	12/04/2013	Date of Injury:	09/12/2012
Decision Date:	02/03/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California, Connecticut, and Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 45-year-old female who was injured in a work-related accident on September 12, 2012. The clinical records available for review indicate ongoing complaints of pain about the lumbar spine. Orthopedic consultation with requesting physician of July 18, 2013 indicated the claimant was with continued complaints of low back as well as neck pain and left lower extremity pain. Objectively there was noted to be tenderness to palpation of the lumbar paravertebral musculature. There was diminished cervical range of motion as well documented diminished lumbar range of motion. Documentation of motor, sensory or reflexive changes demonstrated no formal findings. The claimant was diagnosed with a low back strain with herniated disc, sciatica, a left hip contusion and cervical strain. Recommendations at that time were for continuation of medications in the form of Gabapentin, Anaprox, Flexeril, and Protonix as well as topical compounding agents. Clinical imaging in regards to the claimant's low back showed a May 7, 2013 MRI report to be with L4-5 and L5-S1 facet changes with no indication of neural compressive findings. There was disc desiccation and a mild bulge at L4-5. Other forms of conservative care have included acupuncture, physical therapy and the medications as stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective prescription of Naproxen Sodium (Anaprox): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the retrospective request for Naproxen Sodium (Anaprox) would not be indicated. Records in this case fail to demonstrate significant symptomatic flare in regards to the claimant's chronic low back conditions. In regards to the use of non-steroidal medication in the chronic low back setting, they are recommended only for short-term symptomatic relief, with literature not supporting their use in the chronic setting or for continual use without demonstration of benefit. The role of the continued use of this agent at this chronic stage in the claimant's course of care without documentation of symptomatic flare or of significant benefit would not be indicated.

A retrospective prescription of Gabapentin capsules (Gabapentin 500mg / Dextromethorphan 10mg / Pyridoxine 10mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The retrospective request for Gabapentin capsules that contain Dextromethorphan, Pyridoxine and Gabapentin is not indicated. Guideline criteria in regards to the use of Gabapentin and other neuropathic agents indicate that there are studies that show they are supported for first-line treatment of neuropathic pain. Unfortunately, records in this case fail to demonstrate a neuropathic diagnosis with claimant's physical examination lacking any evidence of a radicular process and clinical imaging failing to demonstrate nerve compressive pathology. Given the specific request, the retrospective role of this neuropathic agent in absence of neuropathic findings on both physical examination and imaging would not be supported.