

Case Number:	CM13-0038733		
Date Assigned:	12/18/2013	Date of Injury:	07/16/2001
Decision Date:	06/03/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/01/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/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 patient is a 54-year-old who sustained an injury on July 16, 2001. It was reported that while working as a stocking clerk she picked up a 40lb cable wire and felt immediate onset of pain in her neck. She is diagnosed with myalgia and myositis, cervicgia, and bilateral carpal tunnel syndrome. The patient had a cervical MRI that showed a small central disc protrusion at C5-6 leading to mild effacement of the anterior thecal sac and moderate right-sided foraminal narrowing at C2-3 due to uncinat hypertrophy. The patient had a psychiatry evaluation on January 21, 2006, who found her to be suffering from dysthymic disorder. On July 17, 2006 it was noted that the patient should regularly institute back exercises and strengthening exercises for the neck and dorsal spine. Her cervical spine is in constant pain that radiates to her left upper scapular area. There is local tenderness and restricted ROM. Her cervical ROM was 20 degrees flexion, 10 degrees extension, left and right lateral flexion at 10 degrees, left and right lateral rotation at 15 degrees. On September 4, 2012 the patient continues to have neck pain with variable pain intensity from 6-9/10. On October 30, 2012 it was noted that PT (physical therapy) and TENS (transcutaneous electrical nerve stimulation) unit was requested to help with pain flare-ups and muscle spasm. On January 10, 2013 it was noted that she did not have any long-term benefit from acupuncture. Her attending physician is requesting authorization for physical therapy. On March 7, 2013 it was noted that the patients pain level is 8-9/10. She is improving with therapy and benefiting from her medications. On April 18, 2013 it was noted that the patient has been using her TENS unit for four hours a day that helps reduce her pain temporarily. On September 5, 2013 the patient continues to have neck pain but with therapy she has improved functionality and lower pain scores. Her cervical range of motion was 40 degrees flexion, 40 degrees extension, right and left rotation 30 degrees, right and left rotation 50 degrees. On

September 11, 2013 the patient's physician had a medication request for her that includes Flector, Gabapentin, and Ibuprofen. Now the medications are under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 100 MG, 120 COUNT WITH TWO REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: This medication can be utilized because the patient has neuropathic pain as evidenced by neuroforaminal stenosis and involvement. The Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The request for Gabapentin 100 mg, 120 count with two refills, is medically necessary and appropriate.

IPUPROFEN 800 MG, NINETY COUNT WITH TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and Acetaminophen Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Anti-inflammatory medications as generic can be used for chronic pain and the use is indicated as medically appropriate in this patient. The patient has an old injury with evidence of arthritis on imaging, confirmed as uncinate hypertrophy. The Chronic Pain Medical Treatment Guidelines states that NSAIDs (non-steroidal anti-inflammatory drugs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The dosing is too high given the chronicity of pain and the patient's age which increase the risk of gastrointestinal issue. The request for Ipuprofen 800 mg, ninety count with two refills, is not medically necessary or appropriate.