

Case Number:	CM13-0042099		
Date Assigned:	12/27/2013	Date of Injury:	05/22/1997
Decision Date:	02/24/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 patient is a 50-year-old female who reported an injury on 05/22/1997. The patient was noted to be in the office for medication refills. The patient's diagnoses were noted to include postlaminectomy syndrome of the lumbar region and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Anaprox 500mg, #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anaprox Page(s): 72-73.

Decision rationale: California MTUS guidelines indicate that Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review indicated the patient had degenerative joint disease. The patient's medications were noted to help approximately greater than 50%; however, it was noted to be in combination with other medications and as such, the efficacy could not be established. There was a lack of

documentation indicating that the patient had a necessity for 3 refills of Anaprox as it was recommended for the shortest duration of time. Given the above and the lack of documentation, the request for a prescription of Anaprox 500 mg #60 with 3 refills is not medically necessary.

Prescription of Gabapentin 800mg, #90 with 3 refills: Upheld

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

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

Decision rationale: California MTUS guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical documentation submitted for review indicated the patient had neuropathic pain in the low back and posterolateral bilateral legs and that gabapentin was helpful in reducing the pain. Additionally, it indicated that with the medication helped greater than 50% but it was used in combination with other medications as such the efficacy could not be established. Given the above and the lack of documentation of the objective functional improvement with gabapentin, the request for a prescription of gabapentin 800 mg #90 with 3 refills is not medically necessary.

Prescription of Promolaxin 100mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, initiating therapy Page(s): 77.

Decision rationale: Per California MTUS, prophylactic treatment for constipation should be initiated when starting opioid therapy. The patient was noted to have constipation that was controlled with Promolaxin. However, there was lack of documentation indicating the necessity for 60 tablets with 3 refills. Given the above, the request for prescription of Promolaxin 100 mg #60 with 3 refills is not medically necessary.