

Case Number:	CM13-0052206		
Date Assigned:	12/27/2013	Date of Injury:	10/28/2009
Decision Date:	08/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Practice 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:

This injured worker's date of injury is 10/28/2009. The patient receives treatment for chronic low back and hip pain. The documentation of the treatment of the original injury is not provided. The treating physician's note date 10/10/2013 reports the patient has "constant, tired, sharp" low back pain that's worse with bending. The patient reports having left sided hip pain with spasms and a "heavy feeling" in the leg. On exam there is reduced lumbar ROM, some spinal tenderness and a positive L sciatic notch test. Lumbar MRI imaging on 11/11/2009 reveals foraminal stenosis, disc desiccation, and 3mm disc bulging. Nerve studies on 06/14/2010 show mild denervation of the left S1 myotome. The medical diagnoses include chronic low back pain with radiculopathy and DJD lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG #90 WITH TWO (2) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Gabapentin is an AED and is medically indicated for the short-term management of painful diabetic neuropathy or postherpetic neuralgia, neither of which this patient has. The medical records do not state what functional improvement has been achieved with this treatment. Gabapentin is not medically indicated for this patient with chronic low back pain.

NAPROXEN 550MG #60 WITH TWO (2) REFILLS: 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 NSAIDS (non-steroidal, anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: NSAIDS may be medically indicated for short-term relief of symptoms as a second line treatment for exacerbations of low back pain. When used for the long-term the patient may be exposed to side effects, including both upper GI and lower GI bleeding, renal injury, and hepatic injury. There are cardiovascular harms as well, as patients with hypertension may experience BP elevation and worsening of CHF may occur via salt and water retention. The medical records do not mention monitoring for these untoward effects. Naproxen is not medically indicated for this patient with chronic low back pain. The request is not medically necessary.

TRAMADOL 50MG #60 WITH TWO (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-84.

Decision rationale: This patient receives treatment for chronic low back pain. Tramadol is considered a weak opioid. All opioids are associated with addiction, tolerance, and abuse. This drug may be medically indicated for the short-term relief of pain for up to three months. Adverse events are common with long-term use. Tramadol is not medically indicated for this patient with chronic low back pain. The request is not medically necessary.