

<b>Case Number:</b>	CM14-0004050		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 & Rehabilitation and is licensed to practice in 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 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 injured worker is a 45-year-old male who reported an injury 07/14/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 01/10/2014 indicated a diagnosis of probable lumbar radiculopathy of the left side. The injured worker reported severe pain in his lower back and buttocks area as well as his upper back, neck, and shoulder area. The injured worker reported constant, severe aching, burning, and stabbing sensations in the lower back and left buttock. He described aching pain in the left groin area. The injured worker reported pain of 7/10 with various activities such as lifting, carrying, overhead use of arms, pushing, pulling, crawling, jumping, bending at the neck, bending at the waist, sitting, standing, kneeling, squatting, walking on uneven terrain, walking on flat surfaces, running, stopping, twisting at the neck, twisting at the waist, driving, climbing, downward gazing, and upward gazing. On physical exam, the injured worker was able to walk on his heels and toes minimally with some pain. The injured worker could do multiple toe risers but was weak on the left. The injured worker was able to do quad dips but was weak on the left. The examination revealed positive greater trochanteric bursitis in the left hip, 1+ greater trochanteric bursitis in the right hip. The injured worker was tender in the left paraspinal musculature and sacroiliac joint. The injured worker's range of motion of the lumbar spine revealed flexion of 12 degrees before severe pain supervened, extension of 10 degrees with pain, right bend of 18 degrees, left bend of 20 degrees, twist to the right of 20 degrees, and twist to the left of 40 degrees. Straight leg raising supine was positive on the right at 60 degrees and positive on the left at 45 degrees. There was 1 cm of atrophy to the injured worker's left thigh. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included nabumetone, gabapentin, and hydrocodone. The provider submitted a request for prescription of naproxen 550 mg 60 tablets and a request for a

prescription of gabapentin 600 mg 90 tablets. The request for authorization was not submitted for review to include the date the treatment was requested.

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

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

#### **PRESCRIPTION OF NAPROXEN 550MG, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs Page(s): 67-68.

**Decision rationale:** The request for prescription of naproxen 550MG, #60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend Naproxen for chronic low back pain. The guidelines recommend Naproxen at the lowest dose for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The injured worker has been prescribed naproxen since at least 12/2013. This exceeds the guideline recommendations for short-term use. There was lack of documentation of efficacy and functional improvement. There was lack of documentation regarding laboratory monitoring for liver and renal function. Furthermore, the request did not provide a frequency for the medication. Therefore, the request for prescription of naproxen 550 mg 60 tablets is not medically necessary.

#### **PRESCRIPTION OF NAPROXEN 550MG, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs Page(s): 68.

**Decision rationale:** The request for prescription of naproxen 550MG, #60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend Naproxen for chronic low back pain the guidelines recommend Naproxen as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The injured worker has been prescribed naproxen since at least 12/2013. This exceeds the guideline recommendations for short-term use. There was lack of documentation of efficacy and functional improvement. There was lack of documentation regarding laboratory monitoring for liver and renal function. Furthermore, the request did not provide a frequency for the

medication. Therefore, the request for prescription of naproxen 550 mg 60 tablets is not medically necessary.

**PRESCRIPTION OF GABAPENTIN 600MG, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs (AEDs), Outcome Page(s): 17.

**Decision rationale:** The request for prescription of gabapentin 600MG, #90 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state a "good" response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. The guidelines also indicate after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. There was lack of documentation of a percent of reduction in pain or improvement of function with the use of this medication. Furthermore, the request did not provide a frequency for the medication. Therefore, the request for prescription of gabapentin 600 mg 90 tablets is not medically necessary.

**PRESCRIPTION OF GABAPENTIN 600MG, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-epilepsy drugs (AEDs), Outcome Page(s): 17.

**Decision rationale:** The request for prescription of gabapentin 600MG, #90 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state a "good" response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. The guidelines also indicate after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. There was lack of documentation of a percent of reduction in pain or improvement of function with the use of this medication. Furthermore, the request did not provide a frequency for the medication. Therefore, the request for prescription of gabapentin 600 mg 90 tablets is not medically necessary.