

Case Number:	CM14-0102533		
Date Assigned:	07/30/2014	Date of Injury:	08/17/2007
Decision Date:	09/17/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Geriatrics and is licensed to practice in New York. 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 44 year old woman with a date of injury of 8/17/07. She was seen by her primary treating physician on 5/27/14 with complaints of neck pain, right shoulder and elbow pain, low back pain, right leg and right hip pain. She stated overall she was doing better but did have increased pain. Her physical exam showed a normal gait. Her right shoulder showed decreased strength at 4+ on abduction and flexion in biceps/triceps and a positive impingement maneuver with pain with palpation of deltoid, biceps and AC joint. She could abduct to 160 degrees, adduct to 40 degrees, flex to 160 degrees and rotate to 90 degrees. Reflexes were normal and there was no instability or sensory deficits. Her diagnosis was persistent right shoulder pain with probable superior labral tear from anterior to posterior lesion and rotator cuff tendonitis, status post arthroscopy. She was to continue her home exercise program and her medications were refilled. At issue in this review are the refills of Motrin, soma and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Motrin 800 mg with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This 44 year old injured worker has chronic back and pain in multiple joints. Her medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics, NSAIDs, muscle relaxants and Gabapentin. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status to justify long-term use. Therefore the request is not medically necessary.

60 Soma 350 mg with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63-66. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: This 44 year old injured worker has chronic back and pain in multiple joints. Her medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics, NSAIDs, muscle relaxants and Gabapentin. With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MD visit of 5/14 fails to document any improvement in pain, functional status or side effects to justify long-term use. Muscle spasm is also not documented. Therefore the request is not medically necessary.

90 Gabapentin 600 mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

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

Decision rationale: This 44 year old injured worker has chronic back and pain in multiple joints. Her medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics, NSAIDs, muscle relaxants and Gabapentin. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of Gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or side effects to justify long-term use or neuropathic pain. Therefore the request is not medically necessary.

