

Case Number:	CM14-0103008		
Date Assigned:	07/30/2014	Date of Injury:	09/11/1989
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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 Occupational Medicine 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 claimant was injured on 09/11/89. Gabapentin and Motrin are under review. He is status post lumbar fusion in 1990. He has taken multiple medications over the years. He saw [REDACTED] on 05/21/14 for lumbar degenerative disc disease. Gabapentin and ibuprofen were ordered on 05/28/14. Feldene was discontinued. He complained of low back pain that was related to his remote injury. It was severe and across his low back radiating to both legs. He stated the medications piroxicam, diazepam, cyclobenzaprine and acetaminophen all helped his pain. He had also tried rest, ice, over-the-counter anti-inflammatories, PT and home exercises, opioids, anticonvulsants and antidepressants with fair results. He had had epidural steroid injection. He was taking ibuprofen, acetaminophen, cyclobenzaprine, and diazepam. X-rays were ordered. He reported having side effects from his medication with hydrocodone on 10/11/12. He was on multiple other medications including Vicodin, Wellbutrin, Nucynta, tramadol, and Flector. He had some side effects from them. He does have radicular complaints that are likely neuropathic. It was not clear whether he had tried gabapentin before. The request was modified to include 2 refills instead of 12. The Motrin was also modified by the reviewer to 2 refills and he was expected to also use acetaminophen and only use the Motrin when necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin #90 refills 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antineuropathic medications - Gabapentin, Medications for Chronic Pain Page(s): 83, 94.

Decision rationale: The history and documentation do not objectively support the request for gabapentin #90 with 12 refills. The MTUS state "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." The MTUS further state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." The response to the medication should be evaluated and recorded. In this case, a trial of gabapentin can be recommended as it is a first line drug. There is no evidence that it has been tried before. However, there is also no indication that it is likely to provide significant benefit. A trial is in order and #90 Gabapentin with 2 refills are reasonable for this purpose.

Motrin #90 11 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - Ibuprofen, Medications for Chronic Pain Page(s): 102, 94.

Decision rationale: The history and documentation do not objectively support the request for Ibuprofen #90 with 11 refills. The MTUS state "NSAIDs (non-steroidal anti-inflammatory drugs) - Specific recommendations: Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. (van Tulder, 2006) (Hancock, 2007) For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. (Roelofs-Cochrane, 2008). MTUS further state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a

time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. The response to the medication should be evaluated and recorded. In this case, a trial of ibuprofen can be recommended as it is a first line drug. However, the claimant has stated that acetaminophen has relieved his pain and it should be tried and Ibuprofen reserved for pain that is not controlled by acetaminophen. A trial is in order and #90 Ibuprofen with 2 refills are reasonable for this purpose.