

Case Number:	CM14-0015562		
Date Assigned:	02/28/2014	Date of Injury:	04/17/2008
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 and Rehabilitation, 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 injured worker is a 57-year-old with a reported date of injury on April 17, 2008. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of cervical spine and knee pain. The injured worker's lumbar range of motion demonstrated flexion to 42 degrees, extension to 12 degrees, bilateral side bending to 15 degrees. Left knee range of motion demonstrated flexion to 118 degrees. According to the documentation provided for review the injured worker has participated in physical therapy of unknown duration. In addition, within the clinical note dated December 10, 2013, the injured worker has received sacroiliac joint blocks in the past which provided significant relief. The injured worker's diagnoses included lumbar spine musculoligamentous sprain/strain, left-sided sacroiliac joint sprain/strain, knee patellofemoral arthralgia, and cervical spine orthopedic condition. The injured worker's medication regimen included Neurontin and naproxen. The request for authorization for the prescription of Neurontin 600 mg and 1 prescription of naproxen 550 mg was submitted on February 1, 2014. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION O NEURONTIN 600MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Gabapnetin Page(s): 18.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend gabapentin has been effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment of neuropathic pain. The Chronic Pain Medical Treatment Guidelines recommend an adequate trial with gabapentin for 3 to 8 weeks for titration, then one to two weeks at maximum tolerated dose. The injured worker should be asked at each visit as to whether there has been a change in pain or function. According to the clinical note dated December 10, 2013, the injured worker reported that since his previous visit on July 15, 2013, he continued to experience increased left knee pain and lower back pain. The guidelines recommend documentation of change in pain or functioning. The documentation provided for review noted the injured worker's pain to have increased since previous visits despite the use of Neurontin. The efficacy of the medication in terms of significantly improved functionality and decreased pain was not indicated within the medical records. In addition, the request as submitted failed to provide the frequency and quantity for Neurontin 600 mg. The request for one prescription of Neurontin 600 mg is not medically necessary or appropriate.

1 PRESCRIPTION OF NAPROXEN 550MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The clinical note dated December 10, 2013 reported that the injured worker stated that he continued to experience increasing left knee pain and lower back pain since his previous visit on July 15, 2013. There is a lack of documentation provided within the clinical information, related to the increased functional ability and decreased pain related to the utilization of Naproxen. In addition, the request as submitted failed to provide frequency at which the prescription is to be utilized and the quantity being requested. The request for one prescription of Naproxen 550 mg is not medically necessary or appropriate.