

Case Number:	CM14-0019500		
Date Assigned:	04/23/2014	Date of Injury:	03/24/2009
Decision Date:	07/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient has submitted a claim for chronic low back pain associated with an industrial injury date of 3/24/2009. Treatment to date has included, TENS, lumbar brace, physical therapy (PT) sessions from 05/25/09 to 08/05/09, lumbar facet joint injection, right sacroiliac injection done on 06/08/2010, radiofrequency rhizotomy, right knee injection, diagnostic right lumbar sympathetic block and intake of medications which include, Omeprazole 20 mg, Naprosyn 550mg #60, Theramine #90, Norco 10/325mg/tab, Oxycontin 30 mg #60, Cyclobenzaprine 7.5mg/tab, and Gabapentin 600mg prescribed since at least 10/31/2012. Medical records from 2013-2014 were reviewed which revealed, persistent complaint of bilateral low back pain, right side worse than the left and right knee pain and right leg pain with a pain scale of 8/10. She developed complex regional pain syndrome (CRPS) of the right lower extremity. Her pain is exacerbated within 5 minutes of standing and within 5-10 min of walking. The pain is improved when bending forward and sitting. The pain down the right leg is relieved within 5-10 minutes of sitting. In terms of sleeping, she is unable to sleep in the left side and is more comfortable when she sleeps on her right side. Physical examination showed straight leg raise is positive on the right, negative on the left, Lasegue's test is positive in the right, negative on the left, Faber test is positive on the right, negative on the left. Leg abduction test is positive on the right. Moderate tenderness a right sacroiliac joint with a positive facet-loading test is noted on the right side. Moderate muscle spasm noted on the sacroiliac joint region. MRI of the lumbar spine dated 03/05/10 showed no evidence for central or foraminal stenosis, facets appear normal at T12, L1-L3-4. Utilization review from 02/06/2014 denied the request for Naproxen 550mg twice per day, #60 and Gabapentin 600 mg #90, because these drugs did not meet the established criteria for medical necessity based on the information submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF NAPROXEN 550MG BID #60 DOS: 1/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been taking Naproxen since 10/31/2012 for her radicular inflammation twice a day. The patient states that medication controls her pain and improves function and allows her to do activities of daily living as stated on the progress report dated 04/2013. However, guidelines state that there is no evidence of long-term effectiveness of this medication for pain and function. It is only useful for breakthrough pain and inflammation. Therefore, the retrospective request for Naproxen 550 mg #60 BID is not medically necessary.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF OMEPRAZOLE 20MG #30 DOS:1/8/14: 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, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors: history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, patient has been on Omeprazole since October 31, 2012 and is being prescribed with a single NSAID Naproxen 550mg BID for pain, which cannot be considered as a high dose/multiple NSAIDs. The medical records did not mention that patient had history of stomach ulcer or any subjective report that she is experiencing any gastrointestinal symptoms that will necessitate the use of this medication. Therefore, the request for Omeprazole 20mg, #30 is not medically necessary.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF GABAPENTIN 600MG #90 DOS: 1/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16.

Decision rationale: As stated on page 16 of CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is recommended for neuropathic pain. In this case, patient has been prescribed with gabapentin as early as 2012. Patient presents with chronic right lower back pain, which radiates to his right leg and knee, which is an evidence of neuropathic pain, hence, gabapentin is necessary. There was no noted adverse effect from its use. However, despite its chronic use, there was no documented pain relief or functional gains. Therefore, the request for Gabapentin/Neurontin 600mg #60 is not medically necessary.