MAXIMUS Federal Services

Case Number:	CM14-0123723		
Date Assigned:	08/08/2014	Date of Injury:	03/28/2000
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/05/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 female who was injured at work on 03/28/2000. She complains of burning pain in her left foot, though she has less pain since the three weeks after selective nerve root blocks at L5-S1. Since the nerve block, she has improved function. She is exercising more, and has reduced the need for pain medications by about 50%. The injured worker has been diagnosed with Lumbar Post Laminectomy syndrome, status post laminectomy. MRI of 11/13/12 revealed S1 nerve surrounded by fibrosis and scar tissue, moderate foraminal stenosis at L5-S1, Disc bulge, central annular tear, at L4-L5. She is being treated with Gabapentin, Soma and Ibuprofen 800mg. In dispute are requests for Gabapentin 600mg #270 and Ibuprofen 800 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #270: 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 Anticonvulsants (Antiepilepsy drugs Page(s): 16-22.

Decision rationale: Though the treating doctor documented the benefits from the selective nerve block, there was no documentation of the benefits from the Antiepileptic medication since it was introduced on 10/02/2013. The MTUS recommends documenting pain relief and improvement in function as well as documentation of side effects incurred with use, therefore the request for Gabapentin 600mg #270 is not medically necessary and appropriate.

Ibuprofen 800 mg #120: 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 Nonsteroidal Anti-inflammatory Drugs Page(s): 67-68.

Decision rationale: The MTUS recommends using the lowest does of the Non-Steroidal Anti-Inflammatory drugs for the shortest duration of time for moderate to severe pain. Ibuprofen comes in 300mg, 400mg, 600mg and 800mg strength. The maximum allowed daily dose is 3200mg, although there is no difference in benefit between 24000mg dose and 3200mg dose in a day. The injured worker has been on 800mg two times a day since 06/24/2103. Furthermore, the non-steroidal anti-inflammatory medications are recommended as a second-line treatment after Acetaminophen for acute exacerbation of back pain; they are no more effective for chronic back pain than acetaminophen. There is inconsistent evidence that they are beneficial in long-term treatment of neuropathic pain therefore the request for Ibuprofen 800 mg #120 is not medically necessary and appropriate.