

<b>Case Number:</b>	CM14-0157304		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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, has a subspecialty in Interventional Spine 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 is a 36-year-old male with a date of injury of 12/10/2011. The listed diagnoses per [REDACTED] are: 1. Carpal tunnel syndrome.2. Cervical disk displacement without myelopathy.3. Pain in limb.4. Cervical radiculopathy.5. Lumbosacral radiculopathy.6. Shoulder impingement.7. Wrist tendonitis/bursitis.8. Foot sprain/strain. According to progress report 08/27/2014, the patient presents with continued neck and low back pain. The physician is requesting authorization for naproxen 550 mg #60 for inflammation and Neurontin 300 mg #90 for neuropathy. Progress report 07/03/2014 indicates that the patient suffers from chronic lumbar spine pain. Physical examination revealed spasm and tenderness observed in the paravertebral muscles of the cervical and lumbar spines with decreased range of motion on flexion and extension. Decreased grip strength is noted on the right side. There is pain and tenderness noted in the arm and first digital compartment on the right side. There is positive Finkelstein's and Phalen's test. Utilization review denied the request on 09/15/2012. Treatment reports from 10/16/2013 through 08/27/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #60 with 5 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with chronic pain in his lumbar spine. The physician is requesting a refill of Anaprox 550 mg #60 with 5 refills. Utilization review modified the certification from the requested 550 mg #60 with 5 refills to 1 refill. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." MTUS also supports oral NSAIDs for chronic low back pain. In this case, the physician reports that medications reduce pain and help increase functional capacity. It was also noted that medications help facilitate activities of daily living, but the patient does continue to be symptomatic. In this case, given the medication's efficacy, the request is considered medically necessary.

**Neurontin 300mg #90 with 5 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin Page(s): 18, 19.

**Decision rationale:** This patient presents with chronic pain in his lumbar spine. The physician is requesting a refill of Neurontin 300mg #90 with 5 refills. Utilization review modified the certification from the requested 300 mg #90 with 5 refills to 1 refill. The MTUS guidelines pages 18 and 19 has the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered a first-line treatment for neuropathic pain." The patient has ongoing pain in his neck and back, with radicular symptoms. The reports document a decrease in pain with his current medication regimen, which includes Neurontin. The physician further states that medications help facilitate activities of daily living, but the patient does continue to be symptomatic. In this case, continuation of this medication is indicated given its efficacy and is considered medically necessary.