

<b>Case Number:</b>	CM14-0171185		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 51 year old female with a history of a low back injury on 12/09/2013. She did not respond to conservative treatment. An MRI scan of 01/09/2014 revealed a 3mm central disc protrusion at L1-2, right foraminal disc protrusion at L2-3, 3mm right paracentral protrusion at L4-5 with severe central canal stenosis and right lateral stenosis, a disc free fragment at L5 on the right, and a 4mm central protrusion at L5-S1 eccentric to the right. She underwent surgery on March 20, 2014 consisting of bilateral L4 laminectomy, partial L5 laminectomy, foraminotomies at L4-5 and L5-S1, discectomy at L4-5 with decompression. Post-operatively she developed a superficial infection that was debrided. A pain management consult of October 7, 2014 indicated low back pain, left leg pain, numbness, tingling and weakness in the left foot. On examination range of motion of the lumbosacral spine was markedly restricted. Straight leg raising was positive at 30 degrees on the left and 60 degrees on the right. She was ambulatory with a walker.. Medications at that time included Lisinopril, HCTZ, hydrocodone, Metoprolol, Topamax, Naproxen, and Glyburide. Gabapentin was prescribed. Naproxen was discontinued. An MRI scan of the lumbosacral spine was advised. The disputed issues pertain to a request for Gabapentin, Naproxen, and Lyrica. The UR denied Gabapentin and Lyrica for lack of a neuropathic diagnosis. Naproxen was denied for lack of documentation of subjective or objective benefit from use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18,49.

**Decision rationale:** Gabapentin is considered a first-line treatment for neuropathic pain. The Pain Management consultation of 10/07/2014 clearly documents left sided radicular pain and evidence of radiculopathy with sensory and motor deficit. The worker had never taken it prior to 10/07/2014 per available records. The request for Gabapentin 300 mg. # 30 is medically necessary. The UR denial was based upon lack of documentation suggestive of a neuropathy. However, the clinical evidence of radiculopathy is sufficient as an indicator of the medical necessity. As such, the request is considered medically necessary.

**Lyrica 75mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Lyrica is effective in diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. However its efficacy in radicular pain and axial back pain is not established. Gabapentin is considered the first-line drug. The worker is currently on hydrocodone and in combination with Gabapentin this should be adequate for pain control. The request for Lyrica is not medically necessary per guidelines.

**Naproxen Sodium 550mg#60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Naproxen Page(s): 67-69,73.

**Decision rationale:** The California MTUS guidelines recommend NSAIDs for hip and knee osteoarthritis at the lowest dose for the shortest period. For axial low back pain there is conflicting evidence of efficacy. NSAIDs are no more effective than acetaminophen for axial back pain. Cardiovascular disease is a relative contra-indication particularly uncontrolled hypertension as in this instance. Therefore the request for Naproxen sodium 550 mg # 60 is not medically necessary.