Case Number:	CM14-0178602		
Date Assigned:	10/31/2014	**Date of Injury:**	12/21/2013
Decision Date:	12/24/2014	**UR Denial Date:**	10/02/2014
Priority:	Standard	**Application Received:**	10/28/2014

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 Family Medicine and is licensed to practice in Ohio. 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 47 year old female with a date of injury of 12-21-2013.Her diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, right elbow injury, chronic right wrist and elbow pain, and myofascial pain. She complains of low back pain radiating to the lower extremities with numbness and tingling. Her physical exam has revealed tenderness to palpation of the lumbar paravertebral muscles and right wrist with diminished range of motion of each. An MRI scan of the right wrist revealed a complex ganglion cyst and an MRI of the right elbow revealed very small fiber tears of the common flexor tendon. An MRI of the lower extremities reveled evidence of a sub-acute right sided S1 nerve root radiculopathy. She has been treated with anti-inflammatories since at least April 2014, anti-epileptic medication since May 2014 (topiramate and later gabapentin), and omeprazole to prevent NSAID gastritis. Her pain levels have largely remained unchanged at 7-8/10. She has complained of nausea as a result.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenox sodium ER 100mg #60: Overturned

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 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Diclofenac

Decision rationale: NSAIDs are recommended as an option for short-term symptomatic relief for low back pain (LBP). NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Besides the above well-documented side effects of NSAIDs, there are other less well known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. In this instance, the injured worker does have a mixed pain condition, lumbar radiculopathy and degenerative arthritis of the right wrist. The use of NSAIDs are appropriate in such circumstances. However, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option.The injured was switched from naproxen to diclofenac without clear rationale. It is speculated that there was lack of efficacy with the Naproxen. However, since a mixed pain condition does exist and another NSAID was tried first, Diclofenox sodium ER 100mg #60 was therefore medically necessary.

Gabapentin 100mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Anti-epilepsy drugs (AEDs) for pain

Decision rationale: Gabapentin is recommended as a trial for lumbar spinal stenosis (LSS). Gabapentin, which has been used in the treatment of neuropathic pain, may be effective in the treatment of symptoms associated with LSS. Statistically significant improvement was found in walking distance, pain with movement, and sensory deficit. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is limited evidence to show that this medication is effective for acute pain, and for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anti-anxiety effect, is

accompanied by increased sedation and dizziness. Also recommended as a trial for chronic neuropathic pain that is associated with spinal cord injury. There are few RCTs directed at central pain and none for painful radiculopathy for anti-epileptic drugs such as gabapentin.There is much debate amongst professionals as to whether radiculopathy constitutes a true neuropathy thus justifying the use or a trial of anti-epileptic drugs like gabapentin. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this instance, the injured worker has reported pain reductions of 20-40% with the medications in toto. Consequently, a trial of gabapentin appears warranted. Hence, Gabapentin 100mg #90 is medically necessary.

Omeprazole 20mg #60: Overturned

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, and cardiovascular risk Page(s): 68.

Decision rationale: The cited guidelines suggest that proton pump inhibitors like omeprazole are appropriate to mitigate the risk for gastric ulceration for those taking NSAIDs and having one of the following risk factors: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs.In this instance, Diclofenac ER can be considered to be a high dose. Consequently, Omeprazole 20mg #60 was medically necessary.