

<b>Case Number:</b>	CM14-0183260		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	11/28/1990
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 & 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 64-year-old female with date of injury of 11/28/1990. The listed diagnoses per the treating physician from 08/26/2014 are: 1. History of lumbar fusion. 2. Degenerative disk disease of the lumbar spine. 3. Radiculopathy of the lumbar spine. 4. Reactive depression. According to this report, the patient has had some improvement with her back pain since she has been more active. She states that she had jabbing pain in her back which caught her off guard as she was getting up after which her legs failed her. The patient takes 4 Norco per day and she states that the cream was very helpful for her back. The examination shows hypertonicity on both sides of her back. She has tenderness with palpation over the lumbar spine. There is a large healed scar. She has pain in her right hip and nerve pain in the L2 dermatome pattern that wraps around her right lateral hip. Range of motion was not tested. The 06/10/2014 report shows that the patient continues to complain of back pain at a rate of 10/10 at its worst and an average of 8/10 in severity. She states that the pain is interfering with her sleep, family life, work performance and driving. Conservative measures tried and failed in the past include physical therapy, massage therapy, and chiropractic therapy which provided temporary relief. There is facet tenderness present in the left lumbar spine. Axial loading of the lumbar spine worsens the pain. Radicular pain is present at the L1-L2, L4-L5, L5-S1 levels. Straight leg raise is positive on the left side. Numbness is present at L4-L5 level. The 07/22/2014 report shows that the patient has significant pain that is very disabling. She rates her pain 7/10 to 8/10 with radicular symptoms in her groin, waistline area, in the L1 distribution. She has exquisite pain with palpation over her lumbar spine. The records include urine drug screens from 06/30/2014 and 08/11/2014 and progress reports from 06/10/2014 to 09/24/2014. The utilization review denied the request on 10/01/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg #60 refill #0:** Upheld

**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 Medications for chronic pain; Anti-inflammatory medications Page(s): 60,61,22.

**Decision rationale:** This patient presents with back pain. The treater is requesting Ibuprofen 600 mg quantity #60. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed ibuprofen on 06/10/2014. The 06/10/2014 report shows that the patient continues to complain of back pain at a rate of 10/10 at its worst and an average of 8/10 in severity. She states that the pain is interfering with her sleep, family life, work performance and driving. Conservative measures tried and failed in the past includes physical therapy, massage therapy, and chiropractic therapy which provided temporary relief. Straight leg raise is positive on the left side. Numbness is present at L4-L5 level. The 09/24/2014 report notes, "NSAIDs do not provide adequate relief from pain. Our goal is to decrease the patient's narcotic usage by 70% to 80% and increase the patient's quality of life." The treater does not discuss medication efficacy and the most recent report shows that NSAIDs do not provide adequate relief. Given the lack of documented medication efficacy including functional improvement and pain relief with the use of Ibuprofen, the request is not medically necessary.

**Gabapentin 600mg #60 refill #0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin; medications used for chronic pain Page(s): 18-19;60.

**Decision rationale:** This patient presents with back pain. The treater is requesting Gabapentin 600 mg quantity #60. The MTUS Guidelines page 18 and 19 on gabapentin states that it has been shown to be effective for the treatment of diabetic painful neuropathy in both herpetic neuralgia and has been considered as the first line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, effect in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed gabapentin on 06/26/2014. The 08/26/2014 report shows that the patient is reporting some improvement with her back pain as she is more active and walking in the morning. She takes 4

Norco per day and sometimes 5. She felt that the cream was very helpful for her back. The 09/24/2014 report shows that the patient's current pain level is 9/10 and described as sharp pain with movement. Her low back gets stuck where she can hardly move up or stand up. Conservative measures include physical therapy, massage therapy, chiropractic treatment, and acupuncture, which all provided partial temporary relief. The patient has weakness present in the bilateral lower extremities. Pinprick reveals no dermatome hyperalgesia. Range of motion in the lumbar spine is decreased due to pain. None of the reports document medication efficacy including functional improvement and pain relief with the use of gabapentin. The request is not medically necessary.