

<b>Case Number:</b>	CM14-0038129		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 occupational medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 15, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation, transfer of care to and from various providers in various specialties, opioid therapy, unspecified amounts of chiropractic manipulative therapy; and work restrictions. In a Utilization Review Report dated March 20, 2014, the claims administrator approved a CT scan of the lumbar spine, approved an MRI of lumbar spine, approved a request for tramadol, approved a request for gabapentin, and approved a request for Naprosyn. Somewhat incongruously, however, the attending provider then denied request for Naprosyn, Neurontin, and tramadol, stating that the applicant should be intermittently re-evaluated to ensure ongoing improvement with the same. The claims administrator cited a variety of non-MTUS Guidelines in its decision, including 2008 ACOEM Guidelines which it mislabeled as originating from the 2004 ACOEM Guidelines which have been incorporated into the MTUS, along with non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In a progress note dated February 19, 2013, the applicant was described as reporting persistent complaints of low back pain radiating into legs. Despite having ongoing low back and radicular complaints, the applicant had reportedly returned to work with limitations in place. It was stated that the applicant was using Norco for severe pain. In a procedure note dated May 30, 2013, the applicant underwent a lumbar epidural steroid injection therapy. Authorization was sought for Norco, Neurontin, Naprosyn, and extended release tramadol via request for authorization dated May 16, 2014. In a May 2, 2014 progress note, the applicant was described as intent on pursuing lumbar disk replacement surgery and/or lumbar fusion surgery. On May 15, 2014, the applicant was described as having persistent complaints of low back pain radiating into legs. It was stated that the applicant was currently

working and deriving appropriate analgesia from several medications, many of which were refilled, including Neurontin, extended release tramadol, Naprosyn, Norco, and Prilosec.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Prescription for Naproxen sodium 550mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further states that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. In this case, the applicant has, in fact, demonstrated medication efficacy and functional improvement as defined in MTUS 9792.20 as evinced by his successful return to and/or maintenance of modified duty work status. Continuing usage of Naprosyn is therefore indicated. Accordingly, the request is medically necessary.

#### **1 Prescription for Gabapentin 600mg #90: Overturned**

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

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

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked at each visit as to whether there has been an improvement in pain or function with the same. In this case, the attending provider's progress notes do establish ongoing analgesia and functional improvement with gabapentin usage as evinced by the applicant's successful return to modified work. Therefore, the request is medically necessary.

#### **1 Prescription for Tramadol ER 150mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, these criteria have seemingly been met. The applicant is deriving appropriate analgesia from ongoing tramadol usage, the attending provider has posited. The applicant has returned to work and, by implication, is demonstrating appropriate improvement in terms of performance of activities of daily living. Therefore, the request for tramadol is medically necessary.

