

<b>Case Number:</b>	CM14-0041149		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/25/2005
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 54 year old male who sustained an injury on 03/25/05. No specific mechanism of injury was noted. Prior treatment has included the use of chiropractic therapy, acupuncture, and extracorporeal shockwave therapy without significant relief in pain. The injured worker is noted to have had a prior lumbar laminectomy performed in August of 2006. Medications have included the use of analgesics such as Norco and Tramadol for severe pain. The injured worker did utilize Prilosec, Anaprox and Gabapentin. The clinical report from 12/10/13 indicated the injured worker had continuing upper back, right mid back, as well as right low back pain that was severe in nature. The injured worker's pain scores were between 7 and 8/10 on the visual analog scale. The injured worker's physical examination findings did note limited range of motion in the cervical and lumbar spine. Straight leg raise signs were reported as positive bilaterally. No motor weakness was identified. The injured worker indicated symptoms had become worse due to cold weather. The injured worker was recommended for further chiropractic treatment for an additional 6 sessions. The injured worker did not wish to continue with a Butrans patch due to possible side effects. Follow up on 01/30/14 noted unchanged pain scores in regards to the mid and low back. Physical examination findings remained unchanged. The injured worker continued to report worsening low back pain due to cold weather. Recommendations were to continue with medications as well as chiropractic therapy. Gabapentin 600mg daily was added to the medication regimen to be titrated up to twice daily. The initial request for Anaprox 550mg, Neurontin 600mg #120 and additional Electro Acupuncture 1 x 6 to treat the low back was initially denied on 03/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; NSAIDs Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Anaprox 550mg #90 is not medically necessary and appropriate.

**Neurontin 600mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin Page(s): 49.

**Decision rationale:** As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the request for for Neurontin 600mg #120 is recommended as medically and appropriate.

**Additional Electro Acupuncture 1 x6 to treat the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As noted in the Acupuncture Medical Treatment Guidelines, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed 1 to 3 times per week with an optimum duration over 1 to 2 months. Guidelines indicate that the expected time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. The documentation indicates the

injured worker underwent prior acupuncture treatments; however, there was no indication whether a decrease in pain or an increase in functionality was achieved as a result. As such, the request for Additional Electro Acupuncture 1 x6 to treat the low back is not medically necessary and appropriate.