

Case Number:	CM14-0078256		
Date Assigned:	07/18/2014	Date of Injury:	07/05/2013
Decision Date:	08/15/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 57 year-old male who was injured at work on 7/5/2013. The injury was primarily to his lower back and right leg. He is requesting review of a denial for the ongoing use of Naproxen 550 mg and Neurontin 600 mg. Medical records include evaluations by the primary treating physician and an evaluation by a Physical Medicine & Rehabilitation consultant. The records indicate that the patient has had continued complaints of low back pain and right thigh numbness. Physical examination repeatedly demonstrates limited range of motion of the lumbar spine. His deep tendon reflexes have been intact as is his strength and sensation in the lower extremities. The consultant's impression is that the patient's pain is most likely myofascial in origin with a component of right sided sacroilitis. He also underwent consultation at the [REDACTED]. His evaluation included the diagnosis of Chronic Myofascial Pain Syndrome. It was advised that he continue his use of Ultram, Naproxen, Neurontin, Norflex, and Prilosec. A home exercise therapy program with stretching and strengthening was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Naproxen 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drug).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs. These guidelines indicate that NSAIDs are specifically recommended for osteoarthritis (including the knee and hip). For patients with chronic back pain, NSAIDs are recommended as an option for short-term symptomatic relief. The evidence from a review of the medical records indicates that Naproxen is being used as a chronic medication in this patient. Further, there is no evidence to support its efficacy in the management of this patient's chronic myofascial pain syndrome. Given the lack of support of the guidelines in the use of Naproxen for this patient's myofascial pain syndrome and the lack of documentation to support its efficacy in relieving pain, Naproxen is not considered as medically necessary.

1 prescription of Neurontin 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of AEDs for pain syndromes. AEDs are recommended for the treatment of neuropathic pain. These guidelines comment on the use of AEDs for patients with Chronic Non-Specific Axial Low Back Pain. Regarding this specific use of an AED for myofascial pain, the guidelines state that they are not recommended. Specifically, there is a lack of evidence to demonstrate that AEDs significantly reduce the level of myofascial pain or other sources of somatic pain. Given the description of two different consultants, that the underlying etiology of this patient's chronic pain is due to myofascial syndrome, there is no evidence to support the ongoing use of an AED. Neurontin is not considered as medically necessary.