

<b>Case Number:</b>	CM14-0086472		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 & Rehab 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 28-year-old female who reported an injury on 05/15/2009. The mechanism of injury was not specifically stated in the medical records. Her diagnoses include thoracic/lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, and lumbar disc degeneration. Her past treatments included multiple medications and psychotherapy. On 05/06/2014, the injured worker presented with complaints of lower back pain, rated 7/10, with radiation to the bilateral lower extremities. It was noted that she reported that her medications were not effective, but that she tolerated her medications well. It was noted that the injured worker had a recent gastroenterology consult and was instructed that she could not take naproxen or Advil. Her medications were listed to include Laxacin, Methoderm gel, cyclobenzaprine, Effexor XR, gabapentin, naproxen sodium, and pantoprazole sodium. The treatment plan was noted to include continued treatment through the methadone clinic, continued psychotherapy, and no use of naproxen or Advil. A rationale for the requested gabapentin and naproxen was not provided within the submitted medical records. A Request for Authorization was submitted on 05/06/2014 with multiple requests, including gabapentin 600 mg #90, and naproxen 500 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** The request is not medically necessary. According to the California MTUS Guidelines, gabapentin has been shown to be effective in the treatment of neuropathic pain and is considered a first-line treatment. The guidelines also specify that the patient should be evaluated at each visit for efficacy as evidenced by pain relief and increased function. The clinical information submitted for review indicated that the injured worker utilized gabapentin. However, there was no detailed pain assessment showing an adequate decrease in pain levels with use of gabapentin or a significant increase in activities of daily living with use of the medication to warrant ongoing use. In addition, the request failed to indicate the frequency. For the reasons noted above, the request is not medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Naproxen - NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

**Decision rationale:** According to the California MTUS Guidelines, it is generally recommended that the lowest effective dose of NSAIDs be used for the shortest duration of time, consistent with individual patient treatment goals. The clinical information submitted for review failed to indicate the duration that the injured worker had been utilizing naproxen and there was no detailed pain assessment showing evidence of significant efficacy of medication. In addition, the clinical information specifically stated that after a gastroenterology visit, the injured worker was instructed not to take naproxen or Advil. Moreover, the request failed to provide a frequency. For the reasons noted above, the request is not medically necessary.