

Case Number:	CM14-0136256		
Date Assigned:	09/10/2014	Date of Injury:	07/03/2013
Decision Date:	02/13/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 Practice and is licensed to practice in New Jersey. 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 worker is a 40 year old male who was injured on 7/3/2013 as he was struck by a car while riding a bicycle. He was diagnosed with lumbosacral neuritis, brachial neuritis, arm sprain/strain, thoracic sprain/strain, Achilles tendinitis, hip/thigh sprain, pes anserinus tendinitis, enthesopathy of wrist, and closed fracture of the lower left limb. He was treated with medications, surgery (leg), and physical therapy. The worker was seen by his primary treating physician on 7/23/14, reporting low back pain with radiation to legs with associated numbness and weakness. He also reported left knee pain and left leg pain. His gait was antalgic and spasm and tenderness was noted in the lumbar area on examination. On 8/6/14 a request was made for renewal of gabapentin 300 mg #100, orphenadrine citrate 100 mg #100, and naproxen sodium 550 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin (Neurontin) 300mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was limited information provided regarding the Gabapentin prior to this request for renewal. In particular, there was no updated report found in the documents showing evidence of functional benefit and symptom reduction with the use of Gabapentin, which is required before consideration of any renewal. Therefore, the request for Gabapentin is considered not medically necessary.

Orphenadrine Citrate (Norflex) 100mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, it is unclear how long the worker had been using Orphenadrine for his chronic pain, based on the documents provided for review. Regardless, the request for 100 count of this medication suggests the intention to treat the worker with it chronically, which is not recommended for this medication category. Therefore, the request for Orphenadrine is not medically necessary.

Naproxen Sod (Anaprox, Naprosyn) 550mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, it was not clear as to how long the worker had been using Naproxen for his chronic pain.

Regardless, there does not seem to be a diagnosis which might warrant prolonged use of this type of medication. Since the injury was more than one year prior to this requested, the use of a chronic NSAID such as Naproxen for pain control is not appropriate or medically necessary. Also, there was no evidence to suggest the worker was experiencing an acute flare-up of pain and inflammation which might have warranted a short course of NSAIDs. Therefore, this request is not medically necessary.