

Case Number:	CM14-0209966		
Date Assigned:	12/23/2014	Date of Injury:	12/13/2000
Decision Date:	02/12/2015	UR Denial Date:	11/23/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 53 yo male who sustained an industrial injury on 12/13/2000. The mechanism of injury was not provided for review. His diagnoses are chronic low back pain, lumbago, stomach ulcer, lumbosacral sprain, and sacroiliac sprain. He continues to complain of low back pain 6/10 with radiation to his right leg. On physical exam the lumbar range of motion was decreased in flexion due to pain and there was moderate tenderness to palpation of the paralumbar muscles. Straight leg raising was positive on the right, Patrick's, Fabere's, and Gaenslen's tests were positive on the right. Sensation to light touch was reduced in the right L5 dermatomal distribution. Treatment has consisted of medical therapy with Gabapentin, Meloxicam, and Acetaminophen. The treating provider has requested Gabapentin 300mg #90 with 3 refills, and Meloxicam 15mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 MG #90 with 3 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The recommended medication, Gabapentin is medically necessary for the treatment of the patient's condition. Per the documentation there is evidence that the claimant has neuropathic pain. Per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient has been prescribed the medication and there is specific documentation of a positive response to this medical therapy. The dose of the medication is being increased due to its positive effect on the claimant's chronic pain condition. Medical necessity has been documented and the requested treatment is medically necessary.

Meloxicam 15 MG #30 with 3 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

Decision rationale: Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) with analgesic and fever reducer effects. It is a derivative of oxicam, closely related to piroxicam, and falls in the enolic acid group of NSAIDs. It was developed by Boehringer-Ingelheim. Meloxicam starts to relieve pain about 30-60 minutes after administration. Meloxicam inhibits cyclooxygenase (COX), the enzyme responsible for converting arachidonic acid into prostaglandin H₂--the first step in the synthesis of prostaglandins, which are mediators of inflammation. Meloxicam has been shown, especially at its low therapeutic doses, selectively to inhibit COX-2 over COX-1. The documentation indicates the claimant has a history of stomach ulcer. Meloxicam may have a lower risk of GI events relative to nonselective NSAIDs. The claimant has chronic low back pain and requires anti-inflammatory medication. Medical necessity for the requested item has been established. The requested item is medically necessary.