

Case Number:	CM15-0000257		
Date Assigned:	01/09/2015	Date of Injury:	11/04/2013
Decision Date:	03/13/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 30 year old female who sustained an industrial related injury on 11/4/13. The injured worker had complaints of neck pain that radiated to the left shoulder. Physical examination findings included posterior cervical and left shoulder supraspinatus tenderness to palpation. Diagnoses included right shoulder sprain/strain, left shoulder pain, and lumbar spine degenerative disc. Treatment included a home exercise program and a TENS unit. The injured worker was recommended to follow up on acupuncture treatment. The treating physician requested authorization for Gabapentin 100mg #60 and Naproxen 550mg #60. On 12/26/14 the requests were modified. Regarding Gabapentin, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no documented functional gain or pain relief attributed to taking the medication. Therefore the request was modified to #30 allow for presenting evidence of functional gain for the medication or a treatment plan that outlines the reduction and discontinuation of the medication. Regarding Naproxen, the UR physician cited the MTUS guidelines and the Official Disability Guidelines. The UR physician noted there is inconsistent evidence for the use of this medication to treat long-term neuropathic pain but it may be useful to treat breakthrough pain. Therefore the request was modified to a quantity of 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs Section Page(s): 16 - 19.

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

Decision rationale: The patient had a cervical strain/sprain and a shoulder strain/sprain with lumbar degenerative disc disease. She was treated with gabapentin and has no functional improvement. Gabapentin is used for diabetic neuropathy, post herpetic neuropathy and there is no documented neuropathy or improvement from Gabapentin in this case. Continued Gabapentin is not medically necessary.

Naproxen 550 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Epileptic Drugs) - Specific Drug List a.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: Naproxen is an NSAIDS medication. The patient had a cervical sprain/strain, shoulder sprain/strain and lumber degenerative disease. There is no documentation of arthritis or active synovitis. According to MTUS Chronic Pain guidelines, NSAIDS should be used with the lowest dose for the briefest time since it is associated with GI and cardiovascular adverse effects and potential for renal adverse effects and may adversely affect tissue healing.