

<b>Case Number:</b>	CM15-0005252		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	06/09/2006
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old male with an industrial injury dated 06/09/2006. His diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, bilateral upper extremity radiculitis, multilevel degenerative disc disease of the cervical spine, cervical disc bulging multilevel, left ankle sprain, left shoulder strain/impingement with partial tear of the supraspinatus tendon, status post arthroscopy with subacromial decompression and extensive debridement of partial rotator cuff tear, left knee sprain/arthralgia with mild chondromalacia of the patella, small baker's cyst, effusion, oblique tear of the posterior horn of the medial meniscus, left arm tenosynovitis, carpal tunnel syndrome, dynamic cubital syndrome, and psychiatric complaints. He has been treated with Neurontin and Anaprox for several months and reported that these medications help him perform activities of daily living, participate in therapy, and improved sleep pattern. In a progress note dated 12/01/2014, the treating physician reports left knee locking, popping and giving way and pain in the left ankle despite treatment. The objective examination revealed a left knee Baker's cyst with no other findings. The treating physician is requesting Anaprox and Neurontin which were denied by the utilization review. On 12/16/2014, Utilization Review non-certified a prescription for Anaprox DS 550mg #60, noting the lack of exacerbation in the injured worker's complaints and the non-recommendation for long term use. The MTUS was cited. On 12/16/2014, Utilization Review non-certified a prescription for Neurontin 600mg #60, noting the absence of significant reduction in pain or improvement in function with long term use. The MTUS was cited. On 01/09/2015, the injured worker submitted an application for IMR for review of Anaprox DS 550mg #60 and Neurontin 600mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Anaprox DS 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications /Pain Outcomes and Endpoints Page(s): 22,8.

**Decision rationale:** The 12/17/14 Utilization Review letter approved a knee surgery, but states the Anaprox requested on the 12/01/14 medical report was not certified because the guidelines recommend ibuprofen as an option for symptomatic relief, but the patient did not have an exacerbation of low back pain. According to the 12/01/14 orthopedic report, the patient has left knee locking and wants to proceed with the surgery. He complains of worn out orthotics and left ankle pain. The diagnoses include cervical, lumbar, thoracic strain; left ankle sprain; left shoulder strain/impingement; left knee strain/arthritis; left arm tenosynovitis; psychiatric complaints. Treatment plan was in a check-box format and includes Norco, Anaprox DS 550mg, bid; Neurontin 600mg, bid; Remeron. There was no discussion of efficacy with the medications. This request is for use of Anaprox. Anaprox is naproxen. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: " When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no reporting on efficacy of the medications within the provided medical records. The documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Anaprox. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for One prescription of Anaprox DS 550mg, #60 IS NOT medically necessary.

**One prescription of Neurontin 600mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS/Antiepilepsy drugs Page(s): 18-19,16-18.

**Decision rationale:** The 12/17/14 Utilization Review letter states the Neurontin requested on the 12/01/14 medical report was modified for the purpose of tapering because there was no documentation of at least a 30% reduction in pain. According to the 12/01/14 orthopedic report, the patient has left knee locking and wants to proceed with the surgery. He complains of worn out orthotics and left ankle pain. The diagnoses include cervical, lumbar, thoracic strain; left ankle sprain; left shoulder strain/impingement; left knee strain/arthritis; left arm tenosynovitis; psychiatric complaints. The only reported exam finding is a Baker's cyst at the left knee. There was no evaluation of neuropathic pain or discussion of efficacy for Neurontin. MTUS Chronic Pain Medical Treatment Guidelines, pages 18-19 under SPECIFIC ANTI-EPILEPSY DRUGS for Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for anti-epilepsy drugs. Antiepilepsy drugs (AEDs) Outcome states: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The available reports did not discuss at least a 30% reduction of pain with use of Neurontin. The most recent report did not discuss neuropathic pain or changes in neuropathic pain with use of Neurontin. The continued use of Neurontin is not in accordance with MTUS guidelines. The request for one prescription of Neurontin 600 mg #60 IS NOT medically necessary.