

Case Number:	CM15-0005704		
Date Assigned:	01/20/2015	Date of Injury:	07/07/2010
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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 55-year-old female, who sustained a work/ industrial injury on 7/7/10. Mechanism of injury was not documented. She has reported symptoms of neck pain that radiated down bilateral upper extremities, low back pain that radiates down the left lower extremity, aggravated by walking, bilateral lower extremity pain in the feet. Pain was rated 2/10 with medication and 6/10 without medication. Treatment to date has included oral medication and yoga. The Magnetic Resonance Imaging (MRI) of the Cervical Spine dated 8/10/11 noted age related degenerative disc disease and uncovertebral joint arthrosis at C5-6 and C6-7 levels causing some mild bilateral foraminal narrowing at C5-6 and C6-7 levels, slightly worse on the left than the right. The lumbar spine noted multilevel Schmorl's nodes consistent with Scheuermann's disease in the past, degenerative disc changes with some mild facet arthrosis to cause mild foraminal narrowing at L3-4 (L > R), with moderate foraminal narrowing bilaterally at L4-5 with possibility of some nerve root impingement within the neural foraminal at L3-4 or L4-5. Medication reordered were Naproxen 550 mg BID PRN to treat pain and inflammation and Gabapentin 600 mg tab TID #180 to treat neuropathic pain. On 12/22/14, Utilization Review non-certified (Retro) Naproxen 550 mg 1 tablet po bid prn #120 and (Retro) Gabapentin 600 mg tab tid #180, noting the Medical treatment Utilization Schedule (MTUS) MTUS, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Naproxen 550mg 1 Tablet PO BID PRN #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-inflammatory drugs) Page(s): 67-68 and.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 22.

Decision rationale: This patient presents with chronic neck pain and low back pain that radiates into the extremities. The current request is for retro naproxen 520 mg 1 tablet p.o. b.i.d. p.r.n. #120. The MTUS Guidelines page 22 regarding anti-inflammatory medication states that anti-inflammatory are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. The utilization review denied the request; however, the rationale for the denial was not provided in the medical file. It is unclear when the patient was first prescribed naproxen. It appears to be prior to 10/29/2014 as this progress report indicates naproxen as a current medication. Progress report indicates the patient is taking medications for pain relief, and pain without medications is 6/10 and with medications, pain is decreased to 2/10. In this case, given the patient's continued complaints of pain and decreased pain with current medications, the requested naproxen IS medically necessary.

RETRO Gabapentin 600mg Take 1/2-1 Tablet TID #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

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

Decision rationale: This patient presents with chronic neck and low back pain that radiates into the extremities. The current request is for retro gabapentin 600 mg take -1 tablet t.i.d. #180. The MTUS Guidelines has the following, regarding gabapentin on pages 18 and 19, gabapentin has shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as the first-line treatment for neuropathic pain. The utilization review denied the request stating that the patient does not present with neuropathic pain. It is unclear when the patient was first prescribed gabapentin; however, it is clear it was prior to 10/29/2014 as this progress report indicates gabapentin as a current medication. In this case, the patient has neck pain that radiates into the upper extremity and low back pain that radiates into the lower extremity. The treating physician notes that the patient has a decrease in pain from 6/10 to 2/10 with the current medications. Given the patient's radicular symptoms and the treating physician's documentation of pain relief with current medications, the requested gabapentin IS medically necessary.

