

Case Number:	CM15-0006649		
Date Assigned:	01/26/2015	Date of Injury:	03/26/2002
Decision Date:	03/13/2015	UR Denial Date:	12/23/2014
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: 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 59 year old male, who sustained an industrial injury on 03/26/2002. He has reported subsequent low back pain and was diagnosed with lumbar discogenic syndrome, lumbosacral or thoracic neuritis or radiculitis, diabetes and peripheral neuropathy. Treatment to date has included oral and topical pain medication, a home exercise program and physical therapy. Naproxen and Gabapentin were chronic medications since at least 09/20/2014. In a progress note dated 12/06/2014, the physician reported that the injured worker ran out of his medication and had increased low back pain radiating to the lower extremities. Objective examination findings were notable for tenderness of the lumbar paraspinal muscles. A request for refills of Naproxen and Gabapentin was made. On 12/23/2014, Utilization Review non-certified requests for Naproxen noting that there was no evidence of long-term effectiveness of this medication for pain and function and non-certified refills of Gabapentin with the rationale for non-certification unclear. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 67-68, 73.

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

Decision rationale: Naproxen is a NSAIDS medication and there is no documentaiton of arthritis or active synovitis. The date of injury was 03/26/2002. He has been taking NSAIDS since at least 09/2014. MTUS, Chronic Pain notes that NSAIDS should be taken for the least amount of time in the lowest dose since it is associated with risks of GI, cardiovascular and renal adverse effects. Also, NSAIDS have been noted to decrease healing. Long term NSAIDS treatment is not a MTUS recommended treatment.

Gabapentin 100mg #60 x 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Anti-epilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Neurontin/Gabapentin FDA Approved package insert.

Decision rationale: The FDA decides what medication is safe and effective treatment. It also decides the approved indication for a drug product. This patient has diabetic neuropathy which is a FDA approved indication for Gabapentin. Gabapentin is medically necessary for this patient.