

<b>Case Number:</b>	CM15-0107453		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/13/2004
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, Pain Management

### 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 61 year old male, who sustained an industrial injury on 02/13/2004. On provider visit dated 04/08/2015 the injured worker has reported low back pain, right shoulder pain. On examination of the lumbar spine was noted as having tenderness. With a decreased range motion. Positive straight leg raise noted. Spasm lumboparaspinal musculature was noted as decreased. The diagnoses have included neural encroachment L5-S1 with radiculopathy; refractory generalized abdominal discomfort-uncertain etiology and rule out right shoulder impingement/rotator cuff pathology. Treatment to date has included laboratory studies, chiropractic treatment, LSO brace, TENS, topical medication, and oral medication of hydrocodone, tramadol, and naproxen. The provider requested naproxen and gabapentin topical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Naproxen is providing 2-3 point pain score reduction, and the medication regimen overall provides functional improvement. This is documented in notes from December 2014 through March 2015. Renal and anemia labs are documented as normal, and no adverse effects are noted. Given this, the currently requested Naproxen is not medically necessary.

**Gabapentin topical 300gm with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use". The notes also do not provide any rationale as to why an exception to the MTUS should be made in this case. Therefore, the topical gabapentin is not medically necessary.