

Case Number:	CM15-0131401		
Date Assigned:	07/17/2015	Date of Injury:	07/15/2013
Decision Date:	08/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 35-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 15, 2013. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for Neurontin and Motrin. The claims administrator referenced a May 22, 2015 progress notes in its determination. The applicant's attorney subsequently appealed. On May 26, 2015, the applicant reported ongoing complaints of low back pain radiating to the left lower extremity. The applicant reported frustration with pain control. The applicant had developed derivative complaints of depression, it was reported. Activities of daily living to include walking, sitting, lying down and standing, all remain problematic. The note was somewhat difficult and mingled historical issues with current issues. The applicant was currently using Neurontin and Motrin, it was reported, both of which were renewed. The applicant was given a 15-pound lifting limitation, the treating provider was not acknowledged, resulting in the applicant's receiving indemnity benefits, it was suggested. The applicant was asked to consider electrodiagnostic testing and/or an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68 and 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: No, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of MTUS Chronic Pain Medical Treatment Guideline does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off work, it was reported on May 22, 2015. The applicant reported continued difficulty performing activities of daily living as basic as lifting, carrying, bending, stooping, climbing, standing, and walking, it was reported on that date. Ongoing complaints of paresthesias were evident. The applicant reportedly felt frustrated with pain control, associated depression, and associated insomnia. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite ongoing usage of Motrin. Therefore, the request was not medically necessary.

Neurontin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: Similarly, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Neurontin (gabapentin) should be asked "at each visit" as to whether they have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant remained off work, on total temporary disability, despite ongoing usage of Neurontin (gabapentin). The applicant's ongoing usage of gabapentin failed to ameliorate the applicant's ability to perform activities of daily living such a standing, walking, lifting, and bending, it was reported on May 22, 2015. The applicant reported frustration with the inadequate level of analgesia present on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.