

Case Number:	CM15-0132921		
Date Assigned:	07/21/2015	Date of Injury:	07/30/2013
Decision Date:	09/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/09/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 49-year-old male, who sustained an industrial injury on July 30, 2013. He reported injuring his lumbar spine when he slipped and fell onto his left side. The injured worker was diagnosed as having lumbar spine pain. Lumbar spine degenerative disc disease and sciatica. Diagnostic studies to date have included: On October 24, 2014, an MRI of the lumbar spine revealed at lumbar 4-5 a 4-5mm broad-based disc protrusion producing mild right and moderate left neural foraminal narrowing in conjunction with facet joint hypertrophy. There was moderate canal stenosis and bilateral exiting nerve root compromise. At lumbar 5-sacral 1, there was a 4-5mm broad-based disc protrusion producing moderate to severe bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. There was moderate canal stenosis, bilateral exiting nerve root compromise, and congenital stenosis at the thecal sac. On May 19, 2015, x-rays of the lumbar spine revealed loss of normal lordosis and loss of disc height at lumbar 4-5 and lumbar 5-sacral 1 associated with anterior spurring. The medical records referred to electromyography/nerve conduction velocity studies, but the date and results of the studies were not included in the provided medical records. Treatment to date has included physical therapy with minimal benefit, lumbar spine steroid injections with very temporary relief, a back support, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including topical analgesic, oral opioid analgesic, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of depression. On May 19, 2015, the injured worker complained of lumbar spine pain radiating down his right leg. His lumbar spine pain has

decreased over time, but he walking and sitting still bothers him. Associated symptoms include numbness in the three lateral toes and disturbed sleep. He reported decreased pain without gastric upset with over-the-counter Ibuprofen. His pain was rated 6-7/10. The physical exam revealed an antalgic gait, decreased lumbar range of motion, able to go up on toes, unable to go up on right heel, acute tenderness to palpation in the lumbar region, normal deep tendon reflexes, decreased sensation of the right inner thigh, and positive bilateral sitting straight leg raise. The injured worker required assistance lifting his right leg to perform the straight leg raise. The treatment plan includes starting Naproxen to see if it provides better pain relief and Gralise to help with pain and radicular symptoms. The requested treatments included Naproxen and Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90 Refill: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 16-22.

Decision rationale: Per the guidelines, gabapentin 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document goals for efficacy with regards to pain, functional status or a discussion of side effects specifically related to gabapentin to justify use. The medical necessity of gabapentin is not substantiated in the records.

Naproxen 375mg #60 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Naproxen (Naprosyn) Page(s): 68, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 66-73.

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document why a change from ibuprofen is necessary. The records also do not include goals for efficacy with regards to pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of naproxen is not substantiated in the records.