

Case Number:	CM15-0138064		
Date Assigned:	07/28/2015	Date of Injury:	08/17/2009
Decision Date:	09/22/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/16/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 66-year-old female, who sustained an industrial injury on 8/17/2009. The mechanism of injury is was not described. The current diagnoses are chronic pain syndrome, disorders of the sacrum, lumbar spine sprain/strain, and lumbar radiculitis. According to the progress report dated 6/18/2015, the injured worker complains of constant low back pain with radiation down right leg to the level of her foot associated with numbness in her toes. The pain is described as burning, tingling, and achy. Her severity of pain is rated 4-8/10 on a subjective pain scale. She currently rates her pain 4/10, average pain 5/10, the least reported pain over the period since last assessment was 4/10, and intensity of pain after taking the opioid is 4/10. The physical examination of the lumbar spine reveals spasms in the paraspinal muscles, slightly decreased range of motion with stiffness, and diminished sensation to touch in the right calf. The current medications are Relafen and Neurontin. There is documentation of ongoing treatment with Neurontin and NSAIDs since at least 12/9/2014. Treatment to date has included medication management, physical therapy, MRI studies, chiropractic, and piriformis and caudal injections. Work status is described as permanent and stationary. A request for Neurontin and Relafen has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #90 with 2 refills: Upheld

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

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

Decision rationale: According to the MTUS, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It is recommended as a trial for pain associated with spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. In this case, a trial may have been reasonable given the presence of radiculopathy but continuation should be based on clear benefit. The record does not provide evidence of reduction in pain or improvement in function after several months on this medication. This request is not medically necessary.

Relafen 500mg #60 with 2 refills: Upheld

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

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

Decision rationale: According to the MTUS, non-steroidal anti-inflammatory drugs such as Relafen may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However, it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with non-steroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore, there is no evidence of long-term effectiveness for pain or function with the use of non-steroidal anti-inflammatory drugs. The record indicates this worker has had reduction in pain from periodic acute exacerbations of her pain with the use of ibuprofen; however, she has experienced GI upset as a result. There is no evidence from the record of a trial of acetaminophen. Although the short-term use of NSAIDs for an acute exacerbation of pain may have been appropriate for this worker, the continued daily long-term use would not be appropriate, particularly with no documentation of benefit other than for acute exacerbations, after having already been on an NSAID for an extended period of time. This request is not medically necessary.