

Case Number:	CM15-0160882		
Date Assigned:	08/27/2015	Date of Injury:	06/03/2013
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/17/2015

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 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 3, 2013. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for gabapentin and Mobic. The claims administrator referenced a progress note dated July 7, 2015 in its determination. The claims administrator did not seemingly incorporate any guideline into its report rationale. The claims administrator also seemingly based its decision, in part, on causation grounds, writing that a "causality review is suggested." The applicant's attorney subsequently appealed. On August 2, 2015, Neurontin and Mobic were endorsed. An associated progress note of dated July 17, 2015 the applicant reported ongoing complaints of low back pain, 4 to 5/10 with medications with 7 to 8/10 with medications. The attending provider acknowledged that activity of living as basic as standing and walking remain problematic, despite ongoing medication consumption. The applicant's medication list reportedly include oral diclofenac and Neurontin, it was stated in the current medication section of the note. The attending provider contended that the applicant had issue with reflux sympathetic dystrophy, chronic pain syndrome, and fasciitis present. The applicant's work status was not clearly stated. The attending provider contented that the applicant ambulatory ability and exercise capacity were improved as result of the ongoing medications consumption, but did not elaborate further. The applicant was asked to try and diet. The attending provider stated in the bottom of the note that Neurontin and Norco were both being refilled. On a progress note dated July 30, 2015, the applicant was placed off of work, on total temporary disability. On drug testing dated August 28,

2015, it was stated that the applicant was using medications to include Mobic, oxycodone, Soma and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #60 with no refills, for the management of RSD/CPRS (reflex sympathetic dystrophy/complex regional pain syndrome): Upheld

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

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

Decision rationale: No, the request for gabapentin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guideline, applicant on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as result of the same. Here, however, the applicant was placed off of work, on July 30, 2015. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, it was reported. Ongoing usage of gabapentin failed to curtail the applicant's dependence on other analgesic medications to include oral diclofenac, oral Mobic, oxycodone, Soma and tramadol. 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.

Mobic 15mg, #30 with no refills, for the management of RSD/CPRS (reflex sympathetic dystrophy/complex regional pain syndrome): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Mobic, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guideline, attending provider should tailor medications and dosages to specific the applicant taking into consideration applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider's July 30, 2015 progress note did not clearly state why he was prescribing Mobic when the applicant was described as using second anti-inflammatory medications, diclofenac, in another section of the note. A clear or compelling rationale for concomitant usage of two separate NSAIDs was not furnished. Therefore, the request was not medically necessary.