

Case Number:	CM15-0162668		
Date Assigned:	08/28/2015	Date of Injury:	02/28/2015
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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

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 33 year old female, who sustained an industrial injury on 2-8-15. The injured worker has complaints of low back pain. The documentation noted positive lumbar tender to palpation and range of motion is guarded limited full to knees. The diagnoses have included lumbar intervertebral disc syndrome. Treatment to date has included duloxetine; naprosyn and gabapentin. The request was for 60 tablets of naprosyn 500mg; 100 tablets of tylenol 500mg; 180 tablets of gabapentin 100mg and 30 tablets of duloxetine 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Naprosyn 500 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient was injured on 02/08/15 and presents with low back pain. The request is for 60 tablets of Naprosyn 500 mg. There is no RFA provided and the patient's current work status is not provided. There is no indication of when she began taking this medication and there is only one progress report provided prior to the utilization review date. MTUS Guidelines, Antiinflammatory, page 22 states, "Antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has tenderness to palpation over the lumbar spine and her range of motion is guarded limited full to knees. She is diagnosed with lumbar intervertebral disc syndrome. The treater does not specifically discuss efficacy of Naproxen on the only report provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Naprosyn IS NOT medically necessary.

100 tablets of Tylenol 500 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient was injured on 02/08/15 and presents with low back pain. The request is for 100 tablets of Tylenol 500 mg. There is no RFA provided and the patient's current work status is not provided. There is no indication of when she began taking this medication and there is only one progress report provided prior to the utilization review date. MTUS Guidelines, Antiinflammatory, page 22 states, "Antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has tenderness to palpation over the lumbar spine and her range of motion is guarded limited full to knees. She is diagnosed with lumbar intervertebral disc syndrome. The treater does not specifically discuss efficacy of Tylenol on the only report provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Tylenol IS NOT medically necessary.

180 tablets of Gabapentin 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient was injured on 02/08/15 and presents with low back pain. The request is for 180 Tablets of Gabapentin 100 mg. There is no RFA provided and the patient's current work status is not provided. There is no indication of when she began taking this medication and there is only one progress report provided prior to the utilization review date. MTUS, Antiepilepsy drugs (AEDs) Section, pgs 18, 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." The patient has tenderness to palpation over the lumbar spine and her range of motion is guarded limited full to knees. She is diagnosed with lumbar intervertebral disc syndrome. The treater does not specifically discuss efficacy of Gabapentin on the only report provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Gabapentin IS NOT medically necessary.

30 tablets of Duloxetine 60 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

Decision rationale: The patient was injured on 02/08/15 and presents with low back pain. The request is for 30 tablets of Duloxetine 60 mg. There is no RFA provided and the patient's current work status is not provided. There is no indication of when she began taking this medication and there is only one progress report provided prior to the utilization review date. For Cymbalta, the MTUS guidelines page 15-16 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has tenderness to palpation over the lumbar spine and her range of motion is guarded limited full to knees. She is diagnosed with lumbar intervertebral disc syndrome. The treater does not specifically discuss efficacy of Duloxetine on the only report provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Duloxetine IS NOT medically necessary.