

Case Number:	CM15-0162942		
Date Assigned:	08/31/2015	Date of Injury:	07/07/2010
Decision Date:	10/19/2015	UR Denial Date:	07/30/2015
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 55-year-old female who sustained an industrial injury on 7-7-10. The injured worker was diagnosed as having cervical disc degeneration, cervical facet arthropathy, lumbar disc displacement, bilateral shoulder pain and chronic pain. Currently, the injured worker reported pain in the neck, back, upper and lower extremities and headaches. Previous treatments included anti-seizure medications, non-steroidal anti-inflammatory drugs and yoga. Previous diagnostic studies included a magnetic resonance imaging. Work status was noted as currently not working. The injured workers pain level was noted as 4 out of 10 with the use of medication and 8 out of 10 without the use of medication. Physical examination was notable for cervical spasms, tenderness to cervical spinal vertebra at C4-C6, limited cervical and lumbar spine range of motion, tenderness to palpation in the L4-S1 levels. The plan of care was for Naproxen 550 milligrams twice a day quantity of 120 and Gabapentin 1/2-1 tablet three times a day quantity of 170.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg twice a day #120: Overturned

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 presents with neck pain radiating down bilateral upper extremities left greater than right, low back pain radiating down the bilateral lower extremities, bilateral shoulder pain, bilateral feet pain, and headaches rated 4/10 with and 8/10 without medications. The request is for NAPROXEN 550MG TWICE DAY #120. The request for authorization is dated 07/27/15. Physical examination reveals spinal vertebral tenderness was noted in the cervical spine C4-6. There is tenderness noted upon palpation at the left trapezius muscle and bilateral paravertebral C4-7 area. The range of motion of the cervical spine was slightly too moderately limited. Sensory examination shows decreased touch sensation in the right upper extremity, with the affected dermatome C6. Exam of the lumbar spine reveals tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Exam of upper extremity reveals tenderness is noted on palpation at left acromio-clavicular joint and right anterior shoulder. The range of motion of the right shoulder moderately decreased external rotation. The patient reports that the use of anti-seizure class, NSAID medications and yoga very helpful. Areas of functional improvement as a result include exercising at home, less medication needed, sleeping and walking in neighborhood. With Gabapentin and Naproxen, she has been able to discontinue all opiates for daily pain control. Patient's medications include Naproxen, Gabapentin, E-400, Magnesium, Melatonin, and Niacin. Per progress report dated 07/08/15, the patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section states: "Anti-inflammatory 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 non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 07/08/15, treater's reason for the request is "for pain and inflammation." Patient has been prescribed Naproxen since at least 01/21/15. The patient continues with neck, back, shoulders, and feet pain. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, treater has adequately discussed and documented functional improvement and the effect of pain relief with use of Naproxen. Therefore, the request IS medically necessary.

Gabapentin 1/2-1 tablet three times a day #170: Overturned

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): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents with neck pain radiating down bilateral upper extremities left greater than right, low back pain radiating down the bilateral lower extremities, bilateral shoulder pain, bilateral feet pain, and headaches rated 4/10 with and 8/10 without medications. The request is for GABAPENTIN 1/2-1 TABLET THREE TIMES A DAY #170. The request for authorization is dated 07/27/15. Physical examination reveals spinal vertebral tenderness was noted in the cervical spine C4-6. There is tenderness noted upon palpation at the left trapezius muscle and bilateral paravertebral C4-7 area. The range of motion of the cervical spine was slightly to moderately limited. Sensory examination shows decreased touch sensation in the right upper extremity, with the affected dermatome C6. Exam of the lumbar spine reveals tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Exam of upper extremity reveals tenderness is noted on palpation at left acromio-clavicular joint and right anterior shoulder. The range of motion of the right shoulder moderately decreased external rotation. The patient reports that the use of anti-seizure class, NSAID medication and yoga very helpful. Areas of functional improvement as a result include exercising at home, less medication needed, sleeping and walking in neighborhood. With Gabapentin and Naproxen, she has been able to discontinue all opiates for daily pain control. Patient's medications include Naproxen, Gabapentin, E-400, Magnesium, Melatonin, and Niacin. Per progress report dated 07/08/15, the patient is currently not working. MTUS, Anti-epilepsy 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." Per progress report dated 07/08/15, treater's reason for the request is "for management of chronic neuropathic pain in this patient." Patient has been prescribed Gabapentin since at least 01/21/15. The patient continues with neck, back, shoulders, and feet pain. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, treater has adequately discussed and documented functional improvement and the effect of pain relief with use of Gabapentin. Therefore, the request IS medically necessary.