

Case Number:	CM15-0196679		
Date Assigned:	10/12/2015	Date of Injury:	07/01/2000
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: Emergency 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 60 year old male, who sustained an industrial injury on July 1, 2000. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having encounter for long-term use of other medications, backache not otherwise specified, lumbar disc displacement without myelopathy, lumbago and post-laminectomy syndrome of lumbar region. Treatment to date has included home exercise, acupuncture, aqua therapy and medication. On August 3, 2015, the injured worker reported his pain to be about the same, being worse in the morning. He reported quite a bit of exercise intolerance. He stated aqua therapy, in the past, has helped more than anything. He stated that he is motivated to be active but when he walks, his pain goes to a 9 on a 1-10 pain scale and his radicular pain starts. Gabapentin medication was noted to be helping him with paresthesias. The treatment plan included medication refills, continuation of home exercises, follow-up visits and aqua therapy. On September 29, 2015, utilization review denied a request for Gabapentin 300mg with three refills. A request for Naproxen 500mg with two refills was modified to Naproxen 500mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 mg prescription with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short-term pain relief. It is not recommended for long-term use for patients with high blood pressure or cardiac risk factors due to increased risk for worsening cardiovascular and potential stroke problems. Patient is on naproxen chronically and patient has noted diabetes. The provider has not documented monitoring patient for potential cardiovascular. The number of refills is not consistent with short-term use. Naproxen is not medically necessary.

Gabapentin 300 mg prescription with 3 refills: 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-epilepsy drugs (AEDs).

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication chronically with no documentation of any objective actual benefit. There is no documentation of any objective improvement with only some vague reports of subjective improvement in paresthesia. The number of refills is not appropriate and violates MTUS guidelines concerning monitoring and reporting. Gabapentin is not medically necessary.