

Case Number:	CM15-0204962		
Date Assigned:	10/21/2015	Date of Injury:	01/02/2012
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/19/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 35 year old female, who sustained an industrial injury on 01-02-2012. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for lumbosacral radiculopathy, sacroiliac joint pain, and closed trunk fracture. Treatment and diagnostics to date has included MRI of the lumbar spine, epidural steroid injections, and medications. Recent medications have included Nabumetone, Nortriptyline, and Gabapentin (all prescribed since at least 03-30-2015). Subjective data (06-15-2015 and 09-14-2015), included lumbosacral pain. Objective findings (09-14-2015) included tenderness to palpation over the lower lumbar facet joints, L5-S1 paraspinal muscles with palpable spasm, and positive right straight leg raise test. The request for authorization dated 09-18-2015 requested Nabumetone 500mg twice daily #60 with 3 refills. The Utilization Review with a decision date of 09-21-2015 non-certified the request for Nabumetone 500mg #60 with 3 refills, Nortriptyline 25mg #30 with 3 refills, and Gabapentin 60mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500 mg qty 60 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: This 35 year old female has complained of low back pain since date of injury 1/2/2012. She has been treated with physical therapy, epidural steroid injection and medication to include Nabumetone since at least 03/2015. The current request is for Nabumetone. Per the MTUS guideline cited above, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDs for at least 7 months. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Nabumetone is not indicated as medically necessary in this patient.

Nortriptyline 25 mg qty 30 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): Tricyclics.

Decision rationale: This 35 year old female has complained of low back pain since date of injury 1/2/2012. She has been treated with physical therapy, epidural steroid injection and medications to include Nortriptyline since at least 03/2015. The current request is for Nortriptyline. Per the MTUS guideline cited above Tricyclic anti-depressants are recommended as a first line agent for neuropathic pain and as a possible treatment for non-neuropathic pain. When used, assessment of treatment efficacy should include pain outcomes, an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is inadequate documentation to support a diagnosis of neuropathic pain nor is there documentation regarding treatment efficacy, evaluation of function, effect on use of other analgesic medications or documentation with regard to sleep quality. On the basis of the MTUS guidelines and available documentation, Nortriptyline is not indicated as medically necessary.

Gabapentin 60 mg qty 90 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): Antiepilepsy drugs (AEDs).

Decision rationale: This 35 year old female has complained of low back pain since date of injury 1/2/2012. She has been treated with physical therapy, epidural steroid injection and medications to include Gabapentin since at least 03/2015. The current request is for Gabapentin. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.