

Case Number:	CM15-0209241		
Date Assigned:	10/28/2015	Date of Injury:	08/19/2006
Decision Date:	12/11/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 was a 62 year old female, who sustained an industrial injury, August 19, 2006. The injured worker was undergoing treatment for low back pain, aggravation verses exacerbation of symptomatic anterolisthesis L3-L4 and aggravation verses exacerbation of right L3 radiculopathy. According to the progress noted for April 6, 2015, the injured workers pain level was 3-4 out of 10 with constant soreness. The injured worker reported medications relived the pain; the current medications were Norco, Soma and Tramadol. According to progress note of September 24, 2015, the injured worker's chief complaint was chronic low back pain. The degree of limitation with bending the right leg shooting pain continues to be greater than before. The injured worker continued to have pain in the mid-back with movement that brings tightness and increased low back pain. The use of the H-wave unit for half hour two times daily increased mobility although the pain was not much affected. The objective findings were decreased range of motion in all planes of the lumbar spine. There was paraspinal tenderness with palpation along with spasms the entire length of T10-L4. The straight leg raises testing was positive at 50 degrees bilaterally. The injured worker previously received the following treatments physical therapy, Soma 325mg 1 tablet two times daily as needed Tramadol 50mg at hour of sleep and Nabumetone 750mg #60 since May 13, 2015 for pain and inflammation and Gabapentin 300mg #30 since May 13, 2015 for lumbar spine neuropathic pain. The RFA (request for authorization) dated September 23, 2015; the following treatments were requested new prescriptions for Nabumetone 750mg #60 for pain and inflammation and Gabapentin 300mg #30 for lumbar spine neuropathic pain. The UR (utilization review board) denied certification on October 1, 2015; for new prescriptions for Nabumetone 750mg #60 and Gabapentin 300mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg #60: 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 (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs.

Decision rationale: MTUS and ODG state regarding NSAIDs for osteoarthritis, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." For acute back pain, "Recommended as a second-line treatment after acetaminophen." For chronic back pain, "Recommended as an option for short-term symptomatic relief." For neuropathic pain, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS states "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of Nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert)." While guidelines do not specifically state the use of Nabumetone in regards to synovitis or wrist pain, it does state that Tylenol is preferred in many cases as first line. Medical records do not indicate any significant improvement in pain, quality of life, or functionality. The patient has been prescribed Relafen since 05/2015, this would no longer be considered short term therapy. The treating physician has not provided justification to exceed MTUS guidelines. As such, the request for Nabumetone 750mg #60 is not medically necessary.

Gabapentin 300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function.

Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The medical documentation provided does not indicate objective functional improvement with the use of Gabapentin to warrant ongoing treatment as outlined in the guidelines above. As such, the request for Gabapentin 300mg #30 is not medically necessary.