

Case Number:	CM15-0050663		
Date Assigned:	03/24/2015	Date of Injury:	12/08/2012
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 32 year old male who sustained an industrial injury on 12/8/2012. His diagnoses, and/or impressions, include: low back pain; lumbar discogenic pain; lumbar radicular pain; sacroiliac joint pain; myofascial pain; and chronic pain syndrome. No current magnetic resonance imaging studies are noted. His treatments have included lumbar epidural steroid injection therapy (2/10/15) with > 65% relief in pain; and medication management weaned off Norco. The progress notes of 2/24/2015, noted complaints of low-mid back pain and left lower extremity/posterolateral leg pain and numbness, improved with medications, injections, rest and physical therapy. With medications, his pain improved from 7/10 to 3/10. The physician's requests for treatments included Neurontin, Naproxen and 6 massage therapy sessions for the lumbar spine due to increased mid-back pain and myofascial restrictions noted on physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. The claimant had been on Neurontin for over 2 years. Neurontin is not medically necessary.

Naproxen 550 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 2 years in combination with Norco. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

6 Massage Therapy Visits for The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

Decision rationale: Massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, the claimant was noted to have prior massage therapy since at least April 2014. Massage therapy is not recommended for prolonged therapy and the request for 6 more sessions is not medically necessary.