

Case Number:	CM15-0052475		
Date Assigned:	03/25/2015	Date of Injury:	02/23/2007
Decision Date:	05/08/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/19/2015

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 64 year old male, who sustained an industrial injury on 02/23/2007. The initial complaints or symptoms included falling when a seat collapsed resulting in low back pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, CT scans, epidural steroid injections, and conservative therapies. Currently, the injured worker complains of sever and persistent low back pain with radiation into the lower extremities. Relief was reported with rest/ice, injections, massage, medications, and physical therapy The diagnoses include restless leg syndrome, low back pain, knee pain, post-laminectomy syndrome, abnormal involuntary movements, depressive disorder, and thoracic or lumbosacral radiculopathy. The treatment plan consisted of continued medications (including naproxen and gabapentin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #6 Refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - (non-steroidal anti-inflammatory drugs) Medications for chronic pain Page(s): 67-68, 60.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremities. The request is for NAPROXEN 500MG #6. Per 01/05/15 progress report, the patient is currently taking Gemfibrozil, Amlodipine, Niacin, Potassium chloride, Furosemide, Lisinopril, Hydrochlorothiazide, Metoprolol, Terazosin, Gabapentin, Naproxen, Avinza, Hydrocodone/Acetaminophen and Ropinirole. The treater states that "the patient's work status is P&S." MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, the patient presents with chronic low back pain for which this medication may be indicated. The patient has been utilizing Naproxen since 10/22/14. None of the reports contain indication how Naproxen has been helpful in terms of decreased pain or functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Gabapentin 400mg #90 Refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremities. The request is for GABAPENTIN 400MG #90. Per 01/05/15 progress report, the patient is currently taking Gemfibrozil, Amlodipine, Niacin, Potassium chloride, Furosemide, Lisinopril, Hydrochlorothiazide, Metoprolol, Terazosin, Gabapentin, Naproxen, Avinza, Hydrocodone/Acetaminophen and Ropinirole. The treater states that "the patient's work status is P&S." MTUS guidelines page 18 and 19 states that "Gabapentin (Neurontin, Gabarone, generic available) 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." In this case, the patient has been utilizing Neurontin since at least 09/23/14. The treater does not provide adequate documentation of pain reduction or functional improvement from the use of this medication. MTUS require documentation of at least 30% reduction of pain with initial trial for chronic use of this medication. MTUS page 60 require recording of pain and function when medication is used for chronic pain. The requested Neurontin IS NOT medically necessary.