

Case Number:	CM15-0056883		
Date Assigned:	04/01/2015	Date of Injury:	04/21/2011
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/25/2015

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 34 year old female who sustained an industrial injury on 4/21/11 when she lifted a heavy shelf with products on it resulting in low back injury. Her pain was across the low back, more on the left side with radiation to the left hip and thigh. She currently complains of persistent low back with numbness on prolonged sitting; intermittent left knee pain with occasional popping, clicking and instability and bilateral hip pain. Her pain intensity is 3/10. She has sleep disturbances due to pain. Medications are Norco, Flexaril, trazadone, Protonix. Diagnoses include chronic low back pain with referred pain in the left posterior thigh; chronic lumbar paraspinal muscle strain on the left with tight lumbar extensors, hip flexors and knee extensors. Treatments to date include physical therapy, home exercise program, ice, heat, transcutaneous electrical nerve stimulator unit. Diagnostics include lumbar MRI revealing multi-level disc disease (no date). In the progress note dated 2/27/15 the treating provider's plan of care indicates requested prescriptions for Nalfon for inflammation, gabapentin for neuropathic pain and mirtazapine for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: This 34 year old female has complained of low back pain since date of injury 4/21/11. She has been treated with TENS unit, physical therapy and medications to include NSAIDS since at least 12/2011. The current request is for Nalfon. 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 a several year duration. 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, Nalfon is not indicated as medically necessary in this patient.

Gabapentin 600mg quantity 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): 49.

Decision rationale: This 34 year old female has complained of low back pain since date of injury 4/21/11. She has been treated with TENS unit, physical therapy and medications. The current request is for Neurontin (Gabapentin). 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.

Mirtazapine 15mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin Noradrenaline reuptake inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15.

Decision rationale: This 34 year old female has complained of low back pain since date of injury 4/21/11. She has been treated with TENS unit, physical therapy and medications. The current request is for Remeron, a nor-epinephrine and sertotonin reuptake inhibitor indicated for the treatment of major depression. There is no discussion in the available medical records regarding the intended use of Remeron and there is inadequate documentation of the diagnosis of major depression. On the basis of the available medical records and per the MTUS guidelines cited above, Remeron is not indicated as medically necessary.

