

<b>Case Number:</b>	CM14-0117097		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44-year-old female with a reported injury of 02/28/2011. The mechanism of injury was not listed in the records. The injured worker's diagnoses included chronic pain, degeneration of lumbar intervertebral disc, lumbar radiculitis, and sprain of the lumbosacral joint. The injured worker's past treatments included pain medication, physical therapy, and an epidural steroid injection. There is no relevant diagnostic imaging testing submitted for review. There is no relevant surgical history documented in the records. The subjective complaints on 08/20/2014 included low back pain with radiculitis. The physical exam noted tenderness to palpation over the paraspinal musculature in the lumbar spine and over the facet joints as well. There was decreased range of motion of the lumbar spine. The injured worker's medications included cyclobenzaprine 10 mg, gabapentin 300 mg, and naproxen 500 mg. The treatment plan was to continue and refill medications. A request was received for naproxen 500 mg #90 with 5 refills. The rationale for the request was to decrease pain. The Request for Authorization form was not provided with the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500 Mg #90 W/ 5 Refills Quantity: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for naproxen 500 mg #90 with 5 refills quantity: 90 is not medically necessary. For NSAIDs, California MTUS Guidelines recommend the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as second line therapy after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The patient has chronic low back pain. There was a lack of documentation that the patient had tried and failed first line therapy of acetaminophen. In the absence of a tried and failed first line therapy, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Gabapentin 300 Mg # 90 W/ 5 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18.

**Decision rationale:** The request for gabapentin 300 mg #90 with 5 refills is not medically necessary. The California MTUS Guidelines state that gabapentin is recommended for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The injured worker has chronic low back pain. There is a lack of sufficient evidence in the physical exam to clearly establish a diagnosis of neuropathy or radiculitis. Additionally, the submitted request did not provide a frequency. As there was not sufficient evidence in the physical exam to support neuropathy or radiculitis diagnoses, the request is not supported by the Guidelines. As such, the request is not medically necessary.