

Case Number:	CM14-0126148		
Date Assigned:	08/13/2014	Date of Injury:	09/25/2012
Decision Date:	09/29/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 62-year-old male with a date of injury of 09/25/2012. The medical file provided for review includes 1 supplemental report from Dr. [REDACTED]. He does not provide patient's diagnosis. According to supplemental report 07/23/2014, the treating physician would like to appeal prior denial of Naprosyn 550 mg, omeprazole 20 mg, and Neurontin 600 mg. He states patient is in need of Naprosyn due to his continued pain and inflammation. He further states the patient has reflux disease and has been taking long-term NSAID and requires Omeprazole. He also states patient has been utilizing Neurontin for numbness and tingling with efficacy. Utilization review denied the requests on 07/17/2014. Utilization review references a progress report from 07/08/2014 which states patient has neck pain with left hand numbness, it was noted patient is working full time. Examination revealed positive Spurling's maneuver to the left and there was noted tingling sensation in the left hand. He has positive left lateral epicondyle tenderness and decreased range of motion of the cervical spine. This report was not provided for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550 MG #100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Medications for chronic pain Page(s): MTUS 60, 61).

Decision rationale: This patient presents with chronic neck pain with left-hand numbness. The treating physician in his appeal letter from 07/23/2014 indicates the patient is utilizing Naproxen for pain and inflammation with efficacy. He further states the patient is able to participate in a home exercise program, remains independent with almost all his activities of daily living and has returned to full-time duties with his current medication regimen which includes Naprosyn. For anti-inflammatory medication, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity of functional restoration can resume, but long-term use may not be warranted." Given the patient's continued pain and inflammation and documented efficacy of this medication, the request is medically necessary.

Omeprazole 20 mg #100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pg 69 NSAIDs, GI symptoms & cardiovascular risk Page(s): (MTUS pg 69).

Decision rationale: This patient presents with chronic neck pain with left-hand numbness. The treating physician in his appeal letter from 07/23/2014 indicates the patient is utilizing Naproxen for pain and inflammation with efficacy. He further states the patient is able to participate in a home exercise program, remains independent with almost all his activities of daily living and has returned to full-time duties with his current medication regimen which includes Naprosyn. For anti-inflammatory medication, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity of functional restoration can resume, but long-term use may not be warranted." Given the patient's continued pain and inflammation and documented efficacy of this medication, the request is medically necessary.

Neurontin 600 mg # 100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding Gabapentin Page(s): (MTUS pg 18,19).

Decision rationale: This patient presents with neck pain with numbness in the hand. treating physician is requesting a refill of Neurontin 600 mg #100 and states that this medication has been effective in patient's neuropathic pain. He is able to participate in his home exercise program, participate in activities of daily living, and he has returned to full duties. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has

been considered a first-line treatment for neuropathic pain." Given the efficacy of this medication and patient's continued neuropathic pain, the request is medically necessary.