MAXIMUS Federal Services

Case Number:	CM14-0132963		
Date Assigned:	09/18/2014	Date of Injury:	09/08/2000
Decision Date:	10/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/20/2014

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 Occupational Medicine 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:

This patient is a 69-year-old male employee with date of injury of 9/8/2000. A review of the medical records indicate that the patient is undergoing treatment for degenerative disc disease, low back pain, lumbar degenerative disc disease, myofascial pain, and sciatica. Subjective complaints include back and shoulder pain (7/28/2014). Back pain located on right, thoracic region and lumbar region, aching and sharp, constant and fluctuates in intensity; becomes worse with prolonged sitting, standing, and yard work (7/28/2014). Pain ratings include 3/10 (March 2014), 7/10 (May 2014), and 5/10 (July 2014). Objective findings include physical exam in May 2014 revealing mid-thoracic tenderness and right-sided lumbar tenderness. Treatment has included physical therapy and aquatic therapy (unknown number of sessions) and lumbar support brace. Medications have included Gabapentin 600mg since Jan 2013, Naproxen 500mg since March 2014, Flexor patches, Norco, and Vicodin 5/500mg oral tablet 1/day for pain. The utilization review dated 8/5/2014 partially approved the following:- Naproxen 500 mg #180 refill 1 modified to Naproxen 500mg #180, with no refills- Gabapentin 600mg #180 Refill 1 modified to Gabapentin 600mg #180, with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 mg #180 Refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs)

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective that acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than Placebo and Acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Progress notes indicate the patient has been on naproxen since March 2014. MTUS guidelines recommend against long-term use. The treating physician indicates Naproxen use to be 1 tab by mouth twice daily #180 with one refill, which would be 180 days of Naproxen without any monitoring. A prescription of this length is not indicated. The original utilization review modified the request to #180 pills without refill, which is much more appropriate. As such, the request for Naproxen 500 mg #180 refills 1 is not medically necessary.

Gabapentin 600mg #180 Refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-Epilepsy Drugs (AEDs) for pain, Gabapentin (Neurontin)

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "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." Medical documents do appear to indicate some radicular pain for which Gabapentin is appropriate. The treating physician indicates Gabapentin 0.5 to 2 tabs by mouth at bedtime #180 with one refill, which would be greater than 180 days of Gabapentin without any monitoring. A prescription of this length is not indicated, as regular monitoring of medication effectiveness is necessary. The original utilization review modified the request to #180 pills without refill, which is much more appropriate. As such, the request for Gabapentin 600mg #180 refill 1 is not medically necessary.