

Case Number:	CM14-0133967		
Date Assigned:	08/27/2014	Date of Injury:	03/26/2011
Decision Date:	09/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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 Geriatrics and is licensed to practice in New York. 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 36 year old man with a date of injury of 3/26/11. He was seen by his primary treating physician on 7/18/14 with complaints of low back pain with no change in his symptoms and he was able to work. His physical exam showed normal gait and a normal neurologic exam. He had some tenderness across the lumbar paraspinal muscles. His diagnoses included discogenic lumbar condition with negative/normal electromyography (EMG) from 6/25/14 and element of stress, depression, sleep, and insomnia and weight loss. At issue in this review are the prescriptions for medications Protonix for upset stomach, Norflex for muscle spasms and Gabapentin for neuropathic pain. The length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: This worker has chronic back pain with minimal findings on physical exam. 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. The medical records fail to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, he had a normal electromyography (EMG) with no evidence of radiculopathy or neuropathy. The medical necessity of Gabapentin 600mg, #90 is not substantiated in the records and therefore considered not medically necessary.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2011. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MD visit of 7/14 fails to document any improvement in pain, functional status or side effects to justify use. The medical necessity of Norflex 100mg #60 is not supported in the records and therefore, is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Protonix is a proton pump inhibitor which is used in conjunction with a prescription of an NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that he meets these criteria and he is thus not at high risk of gastrointestinal events to justify medical necessity. Therefore the request for Protonix 20mg #60 is not medically necessary.