

Case Number:	CM14-0179656		
Date Assigned:	11/04/2014	Date of Injury:	11/13/2008
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 55 years old male with an injury date of 11/13/08. The most recent report is the progress report from 09/11/14 by [REDACTED], and it is handwritten and partially illegible. The report states that the patient presents with neck pain rated 7/10 radiating to the left shoulder and lower back pain rated 9/10 radiating to the left leg. The patient is not working. Examination shows tenderness to palpation of the trapezius and cervical paraspinal musculature as well as the left lumbar paraspinals with spasms. There is reduced sensation to light touch/pin prick in the right hand in the C6-7 dermatome along with reduced sensation in the left L5-S1 with positive straight leg raise on the left. The patient's diagnoses include: Cervical spine herniated nucleus pulposus/radiculopathy, Strain/sprain left shoulder, Lumbar spine herniated nucleus pulposus/radiculopathy. Current Medications are listed as Naproxen, Methocarbamol, and Gabapentin. The 08/14/14 report shows Norco discontinued and Tramadol started. The utilization review being challenged is dated 10/01/14. Reports were provided from 05/13/14 to 09/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, one by mouth three times a day, #90, 5 refills (Prescribed 9-11-14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs); and Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Gabapentin (Neurontin, Gabarone, generic available); Chronic pain Page(s): 18-19;.

Decision rationale: The patient presents with neck pain radiating to the left shoulder and lower back pain radiating to the left leg rated 7-9/10. The treater requests for GABAPENTIN 300 mg ONE BY MOUTH THREE TIMES A DAY #90 5 REFILLS (PRESCRIBED 09/11/14). The reports show the patient has been taking this medication since at least 05/03/14. MTUS has the following regarding Gabapentin (MTUS page. 18-19) Gabapentin (Neurontin, Gabarone, generic available) 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. In this case, this patient has chronic neuropathic pain for which this medication is indicated. However, the treater does not state whether or not it helps the patient. MTUS Medications for Chronic pain page 60 states a record of pain and function must be recorded when medications are used for chronic pain. The request is not medically necessary.

Naproxen 500mg, one by mouth two times a day, #60, 5 refills (Prescribed 9-1-14):
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; and Back Pain, Chronic Low Back Pain.

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

Decision rationale: The patient presents with neck pain radiating to the left shoulder and lower back pain radiating to the left leg rated 7-9/10. The treater requests for NAPROXEN 500 mg ONE BY MOUTH TWO TIMES A DAY #60 5 REFILLS (PRESCRIBED 09/01/14.). The reports indicate the patient started this medication on 09/11/14. Prior reports do not show use of NSAIDs. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In this case, Naproxen has just been prescribed and given that NSAIDs are indicated for chronic low back pain. The request is medically necessary.

Methocarbamol 500mg, one by mouth two times a day, #60, 5 refills (Prescribed 9-11-14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); and Methocarbamol (Robaxin, Relaxin,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants Page(s): 63.

Decision rationale: The patient presents with neck pain radiating to the left shoulder and lower back pain radiating to the left leg rated 7-9/10. The treater requests for METHOCARBAMOL 500 mg ONE BY MOUTH TWO TIMES A DAY #60, 5 REFILLS (PRESCRIBED 09/11/14). The reports show the patient has been taking this medication since at least 05/03/14. MTUS page 63 states that non-sedating muscle relaxants are recommended with cautions as second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. The patient does present with chronic lower back pain for which this medication is indicated for a short-term use to address flare-up's and exacerbations. The treater does not indicate that the prescription is to be used for short-term. There is no documentation of a flare-up. Prescription is for #60, one-month supply with refills suggesting a long-term use. The request is not medically necessary.