

Case Number:	CM14-0208709		
Date Assigned:	12/16/2014	Date of Injury:	04/02/1998
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/12/2014

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 70 year old woman with a date of injury of 4/2/98. She was seen by her primary treating physician on 10/17/14 and presented with a cane. She had right thumb pain, low back pain and neck pain. Her medications included gabapentin, diclofenac, metaxalone and pantoprazole. Her exam showed tenderness from the thoracolumbar spine to base of pelvis with tight paraspinal musculature and tender buttocks. She was unable to squat due to pain and she had mild sacroiliac joint symptomatology. She had intact strength and sensation in her lower extremities with mild sciatic stretch bilaterally. Her cervical spine exam showed positive head compression sign and Spurling's maneuver with tenderness and muscle spasm. Biceps and triceps reflexes were diminished bilaterally and she had weak left hand grip strength and grade 4 motor power for her left wrist extensor and right arm flexor. She had 'spotty decreased sensibility' in the C5-6 distribution. Her diagnoses were C5-6 and C6-7 discopathy left sided radiculopathy, bilateral upper extremity overuse tendinopathy, status post right first carpometacarpal joint arthroplasty, L5-S1 disc herniation with sciatica, gastrointestinal disturbance and psychiatric complaints. At issue in this review is the request for medications gabapentin and diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60 with 3 refills: Upheld

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

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

Decision rationale: This worker has chronic pain with an injury sustained in 1998. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics, naproxen and gabapentin. Per the guidelines, 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. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The medical necessity of gabapentin is not substantiated in the records.

Diclofenac 75mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73. Decision based on Non-MTUS Citation Beer's Criteria http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1998. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including NSAIDs and gabapentin. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. Additionally, her age puts her at increased risk of adverse events / side effects with NSAIDs and NSAIDs are listed in the Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. The medical necessity of diclofenac is not substantiated in the records.