

Case Number:	CM15-0116269		
Date Assigned:	06/24/2015	Date of Injury:	05/03/2010
Decision Date:	07/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 52-year-old female who sustained an industrial injury on 05/03/2010. Diagnoses include lumbar disc displacement without myelopathy. Treatment to date has included medications, physical therapy and functional restoration program. MRI of the lumbar spine on 7/8/13 showed straightening of the lumbar lordosis, mild lumbar spondylosis and central L1-L2 annular fissure. Electro diagnostic testing of the bilateral lower extremities on 3/7/11 was normal. According to the progress notes dated 5/8/15, the IW reported she was taking gabapentin two tablets at night. She stated it decreased her lower extremity pain by 30% and she slept better. She started taking it in the mornings and it reduced the heavy sensation in her legs. The IW was taking Ibuprofen for pain and asked for an alternative due to insurance denial. She stated she was taking it two to three times daily, as it reduced the swelling in her back and the stiffness at the waist, allowing her to walk, stand and sit for longer periods and to move around more quickly. On examination, range of motion of the lumbar spine was limited in all planes; spasm and guarding was noted. Medications were Ibuprofen, Tramadol/APAP and Gabapentin. A request was made for Gabapentin 600mg, #240 and Nabumetone (Relafen) 500mg, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. As per ACOEM guidelines, it is most effective in polyneuropathic pain. Pt has been on this medication chronically. Documentation states that medication improves by 30% and improves sleep. This is classified as a "moderate" improvement as per guidelines. While this may meet recommendation for continuation of medication, the number of tablets requested is not appropriate, as it would give the patient 4months of medications with no monitoring for side effects or efficacy. Prescription for Gabapentin is not medically necessary.

Nabumetone (Relafen) 500mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-inflammatory Drugs) Page(s): 67-68.

Decision rationale: Nabumatone is a Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, NSAID's is recommended for short-term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. Patient had reports of improvement in pain and spasms on ibuprofen but no objective documentation of improvement was documented. Patient was on ibuprofen chronically and this prescription was requested because ibuprofen was not approved due to chronic use. It is unclear why the provider thinks that nabumatone is different from ibuprofen. Continuing chronic use of NSAIDs is not medically necessary and the number of tablets requested shows provider has no plan of discontinuing chronic NSAID therapy. Nabumetone is not medically necessary.