

Case Number:	CM15-0119147		
Date Assigned:	07/23/2015	Date of Injury:	05/04/2012
Decision Date:	08/28/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 is a 60-year-old female who sustained an industrial injury on 05/04/2012 resulting in pain to the low back from a fall. Treatment provided to date has included: Lumbar fusion surgery (L4-S1) (2013); physical therapy, chiropractic treatment and acupuncture with no significant benefit; lumbar epidural steroid injections with temporary benefit; medications (Relafen, gabapentin, Prilosec, Lyrica) and conservative therapies/care. Diagnostic tests performed include: electromyogram of the lower extremities (2014) showing no evidence of lumbar radiculopathy, plexopathy or peripheral nerve entrapment; MRI of the lumbar spine showing a 6mm diffuse disc bulge at L5-S1 (per progress reports); and CT scan of the lumbar spine (2012) showing bilateral pars defect of the inferior articular facets of S1, 6mm diffuse disc bulge at S1, and 2mm disc bulge at L4-5 minimally effacing the thecal sac (per progress reports). There were no noted comorbidities or other dates of injury noted. On 05/14/2015, physician progress report noted complaints of low back pain with radiation into the right lower extremity. The pain was not rated on this report. A previous exam by the primary treating physician, dated 05/07/2015, reports ongoing low back pain without changes since the first lumbar epidural steroid injection. No pain rating or description was mentioned on this report as well. Current medications include gabapentin, Relafen and Prilosec. The report states that the injured worker had recently (03/2015) undergone a right caudal epidural steroid injection of the right L4-5 and L5-S1 with significant relief of symptoms for 3 days, but has slowly returned to baseline within 2 weeks. The physical exam revealed tenderness in the lumbar paraspinal musculature, positive straight leg raises on the right resulting in burning pain down the S1 dermatomal pattern with sciatic notch tenderness, hypoesthesia along the S1 dermatomal pattern on the right and some spasms in the lumbar spine. The provider noted diagnoses of status post

lumbar fusion, lumbar radiculopathy, back pain, and other chronic pain. Plan of care includes an alternative approach right transforaminal epidural steroid injection of the right S1 nerve root only, increased gabapentin dose(as prescribed by a different physician), continued nabumentone, possible future spinal cord stimulator trial, and follow-up. The injured worker's work status was noted as modified (per the 05/07/2015 exam). The request for authorization and IMR (independent medical review) includes: gabapentin 200mg in the morning, 200mg in the evening and 800mg at hour of sleep; and Nabumetone 500mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 200mg in AM, 200 in PM and 800mg @ HS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), and Antiepilepsy drugs (AEDs) Page(s): 49, 16-21.

Decision rationale: According to California MTUS Guidelines, Anti-Epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Neurontin is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of AEDs is a 30-50% reduction in pain. The MTUS states; "A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. A lack of response of this magnitude may indicate the need for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." In this case, the injured worker has been taking gabapentin (Neurontin) for at least one year with no significant measurable improvement in pain or function documented with this medication. Without evidence of improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED) or a combination of therapy. Therefore, gabapentin (Neurontin) 200mg in the morning, 200mg in the evening and 800mg at hour of sleep is not medically necessary.

Nabumetone 500mg: Upheld

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

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) Chapter; NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Relafen (Nabumetone) is a non-specific non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, short-term pain relief in chronic LBP, and short-term improvement of function

in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the injured worker had prior use of on NSAIDs (nabumetone since 06/2014) without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for nabumetone (Relafen) 500mg is not medically necessary.