

Case Number:	CM15-0125496		
Date Assigned:	07/10/2015	Date of Injury:	05/09/2007
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: Physical Medicine & Rehabilitation

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 50 year old male who sustained an industrial injury on 05/09/2007. The injured worker was diagnosed with lumbar radiculopathy. The injured worker is status post L4-L5 laminectomy in November 2011 and spinal cord stimulator (SCS) implant in February 2013 with revision and replacement of paddle leads on May 6, 2013. Treatment to date has included diagnostic testing, surgery, spinal cord stimulator (SCS), transforaminal epidural steroid injection (ESI) at right L4-L5 on March 3, 2015 with 70% initial improvement in right leg pain and 50% improvement 3 weeks later, physical therapy, medications and an Aspen lumbar back brace. According to the primary treating physician's progress report on May 15, 2015, the injured worker continues to experience low back pain with right lower extremity pain with ongoing weakness. The injured worker rates his pain level at 7/10 with medications and spinal cord stimulator (SCS) and 10/10 without medications and spinal cord stimulator (SCS) turned off. Evaluation of the injured worker noted a less antalgic gait and without assistive devices for ambulation. Examination of the lumbar spine demonstrated tenderness to palpation from L4 through S1 with 1+ muscle spasms. There was mild hyperpathia over the internal pulsed generator. Range of motion was decreased with flexion at 45 degrees, extension at 15 degrees, and bilateral lateral flexion at 15 degrees each. There was a negative straight leg raise bilaterally. Motor strength testing noted the anterior tibialis left at 5/5 and right 4/5, peroneus longus brevis left at 5/5 and right 4/5 and extensor hallucis longus muscle left at 4/5 and right at 4-5/5. There was slight sensory improvement in the bilateral L4-L5 and right L4 dermatome. Deep tendon reflexes were noted as patellar reflex 1+ bilaterally and Achilles 0-1+ bilaterally. Current

medications are listed as Norco 10/325mg, Gabapentin, Naprosyn and Omeprazole. The injured worker is working without restrictions. Treatment plan consists of continuing with back brace as necessary and the current request for retrospective request for Naprosyn 500mg (DOS: 05-15-15), retrospective request for Norco 10/325mg, (DOS: 05-19-15) and retrospective request for Gabapentin (DOS: 05-15-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, four (4) times per day, #120 DOS: 05-15-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Gabapentin (Neurontin) and on the Non-MTUS PDR, Neurontin (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury of 2007. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600mg, four (4) times per day, #120 DOS: 05-15-15 is not medically necessary and appropriate.

Retrospective request for Norco 10/325mg, 1 tablet every 4-6 hours, #120, DOS: 05-19-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids for chronic pain Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, or decreased in medical utilization. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function

that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2007 s/p surgery, epidural injection pain management along with spinal cord stimulator. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Retrospective request for Norco 10/325mg, 1 tablet every 4-6 hours, #120, DOS: 05-19-15 is not medically necessary and appropriate.

Retrospective request for Naprosyn 500mg #60, DOS: 05-15-15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Retrospective request for Naprosyn 500mg #60, DOS: 05-15-15 is not medically necessary and appropriate.