MAXIMUS Federal Services

Case Number:	CM15-0126078		
Date Assigned:	07/10/2015	Date of Injury:	09/13/2013
Decision Date:	09/10/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/30/2015

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: Anesthesiology

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 54-year-old male, who sustained an industrial injury on 9/13/2013. The mechanism of injury is unclear. The injured worker was diagnosed as having lumbar radiculopathy, cervical radiculopathy, and ulnar neuropathy at the elbow. Treatment to date has included magnetic resonance imaging of the right shoulder (1-16-2015), medications, physical therapy, and blood testing (6/15/2015), lumbar epidural steroid injection, left shoulder steroid injection, magnetic resonance imaging of the lumbar spine (10/18/2013), magnetic resonance imaging of the cervical spine (4/15/2014), QME (3/17/2015), and electrodiagnostic studies (4/13/2015). The request is for Gabapentin 600 mg #90 and Naproxen Sodium 550mg #60. On 2/23/2015, he reported that without medications, his pain was 6/10 and with medications, it is 3/10. He continued with complaint of neck, low back and shoulder pain, and felt overall he was doing the same. Medications are: Gabapentin, Flexeril, Naproxen and Tramadol. On 3/23/2015, he complained of persistent neck pain rated 4-5/10, low back pain rated 3-4/10. His current medications are: Gabapentin, Flexeril, Naproxen, and Tramadol. On 4/20/2015, he reported doing worse with increased pain in the back, shoulders and neck. It is noted that at the last visit his Tramadol was increased to twice daily, and that he reports this to not be helping his pain. He rated his neck pain 4-5/10, and back pain 4-5/10. A CURES report is noted to be consistent. The treatment plan included: discontinuing Tramadol, prescriptions for Naproxen, Gabapentin, Flexeril, Cymbalta, and Omeprazole. On 5/8/2015, he is noted to have had bilateral shoulder bursitis with NSAID (non-steroidal anti-inflammatory drugs) which was prescribed prior to 3/12/2015. He reported not being happy with the pain in his shoulders and felt the left was the

most painful. The pain is not rated. On 5/18/2015, he reported doing worse. He indicated he had increased pain in the legs, neck, and bilateral shoulders. He indicated he also had numbness in the legs. He rated his neck pain 3-4/10. He indicated pain radiation down the back of the arms bilaterally to the hands with numbness in the hands. He reported having severe acute headaches, and an inability to sleep. His current medications are: Gabapentin, Flexeril, Naproxen, and Tramadol. Cymbalta was noted to have been started on his last visit and he was found to not be tolerating it and was having nausea and sedation. He reports that without medications, his pain is 5/10 and with medications, it is 2/10. His medications are noted to help with improvement in function and allowing him to walk, sit, and stand longer. Tramadol is noted to induce vomiting and inadequately control his pain. Physical findings revealed tenderness of the neck and low back, and a positive straight leg raise test on the left. The treatment plan included: orthopedic evaluation, magnetic resonance imaging of the lumbar spine, and bilateral elbow sleeve. The most current imaging studies and electrodiagnostic study reports are not available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); functional improvement definition Page(s): 16-22, 1.

Decision rationale: The CA MTUS chronic pain guidelines note Gabapentin is an anti-epilepsy drug (AED) which 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. The CA MTUS guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The CA MTUS guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. The CA MTUS guidelines recommend anti-epilepsy drugs for neuropathic pain. "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. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for: a switch to a different first line agent, combination therapy if treatment with a single drug agent fails". Ongoing treatment should reflect documentation of pain relief and functional improvement, as well as, side effects of the anti-epilepsy drug. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit,; and a reduction in the dependency on continued medical treatment. In this case, imaging studies and electrodiagnostic study reports are not available for this review. The Gabapentin had been prescribed prior to January 2015, and continued to be utilized for several months. The records do not indicate a clinically significant improvement in activities of daily living or a reduction in work restrictions, or a reduction in the dependency on continued medical treatment. He most notably requested to have surgery. His

pain reduction is noted to be down to 2/10 with the use of medications, from a 5/10 without medications; however, this does not specifically indicate which of his current medications attributed to the decrease in his pain level. His work status is unclear. The request does not meet the CA MTUS guidelines for Gabapentin. Therefore, the request of Gabapentin 600 mg #90 is not medically necessary.

Naproxen Sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Naproxen (Aleve) is a 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. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief 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 Naproxen had been prescribed for several months with no benefit specifically attributed to this medication. There was no documentation of subjective or objective benefit from use of this medication. The injured workers blood pressure is not reported with every visit. In addition, there was blood test monitoring noted to be done on 6/15/2015 (which was after the UR report date). Nevertheless, medical necessity for the requested medication has not been established. The request for Naproxen is not medically necessary.