

Case Number:	CM15-0129248		
Date Assigned:	07/20/2015	Date of Injury:	11/03/2010
Decision Date:	08/14/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 52 year old female, who sustained an industrial injury, November 3, 2010. The injured worker previously received the following treatments home exercise program, TENS (transcutaneous electrical nerve stimulator) unit, heat therapy Cyclobenzaprine, Cymbalta, Lidoderm Patches, Omeprazole, Ibuprofen, Topiramate, Toradol and LidoPro cream. The injured worker was diagnosed with cervical degeneration disc disease, post -concussion syndrome, lumbar sprain/strain, lumbosacral or thoracic neuritis or radiculopathy and lumbar radiculopathy. According to progress note of September 10, 2014, the injured worker's chief complaint was neck and low back pain. The injured worker rated the pain at 5 out of 10. The cold weather made the pain worse and activity. The pain radiated to the left lower extremity. The injured worker rated the pain in the left ankle at 4-5 out of 10. The injured worker stated mood had improved with Cymbalta and going to the gym. The lumbar spine was tender with palpation. There were spasms noted in the lumbar spine. Affect and mood were appropriate. The treatment plan included retroactive prescriptions for Fenoprofen and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Fenoprofen 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS Page(s): 72.

Decision rationale: There is no documentation of the rationale behind using FENOPROFEN CALCIUM. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient's file that the provider titrated Naproxen to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. There is no documentation that the patient developed arthritis pain that justify continuous use of FENOPROFEN CALCIUM. There is no documentation of pain and functional improvement of previous use of Naproxen. Therefore, the retrospective request for FENOPROFEN 400MG #60 is not medically necessary.

Retrospective: Gabapentin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), 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." There is no documentation that the patient sustained a neuropathic pain. Therefore, the retrospective prescription of Gabapentin 300mg #60 is not medically necessary.