

Case Number:	CM15-0173775		
Date Assigned:	09/15/2015	Date of Injury:	08/23/2010
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 40-year-old male, who sustained an industrial injury on 08-23-2010. He has reported injury to the low back. The diagnoses have included lumbar spine sprain-strain; lumbar herniated nucleus pulposus; lumbar degenerative disc disease; left greater than right sciatica; and depressive disorder. Treatment to date has included medications, diagnostics, epidural steroid injection, acupuncture, and physical therapy. Medications have included Norco, Gabapentin, Ibuprofen, Wellbutrin, Trazodone, and Xanax. A progress report from the treating physician, dated 04-28-2015, noted that a transforaminal epidural steroid injection at L5-S1, improved the right lower radicular symptoms significantly; and physical therapy and acupuncture were mildly helpful with pain and mobility. A progress report from the treating physician, dated 07-24-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the lumbar spine which is described as a constant ache; the pain is rated at 8 out of 10 in intensity; the pain increases with walking and radiates to the left lower extremity to the foot and ankle; and there is numbness and tingling in the bilateral legs, left greater than right. The provider documented that there was no change in the physical exam since the last visit on 06-12-2015, which included tenderness of the left and right lumbar and lumbar- sacral spine, spasm noted on the left side, and decreased ranges of motion of the lumbar spine. Objective findings, on 07-24-2015, have included he exhibits difficulty with rising from sitting; gait is antalgic; he moves about protectively and with stiffness; and the MRI of the lumbar spine, dated 06-18-2015, revealed L3-4 7mm herniated nucleus pulposus, L4-5 9mm herniated nucleus pulposus, and L5-S1 4.5mm herniated nucleus pulposus. The treatment plan

has included the request for Gabapentin 800mg #90 3x daily, x 1 refill; and Motrin 600mg #90, 3x daily x 1 refill. The original utilization review, dated 08-04-2015, non-certified a request for Gabapentin 800mg #90 3x daily, x 1 refill; and Motrin 600mg #90, 3x daily x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #90 3x daily, x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Anti-epilepsy medications like Neurontin (Gabapentin) are recommended for neuropathic pain; in this case, there is not clear objective evidence of value in use of this medication. It does not appear that efficacy has been established, and the use of an antiepileptic that is noted to be causing sedation without pain relief is a questionable treatment modality. Therefore, without clear evidence for efficacy and uncertainty as to the added clinical value of the drug, the request for gabapentin cannot be considered medically necessary based on the provided records.

Motrin 600mg #90, 3x daily x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given the chronic nature of the treatment, and lack of evidence to support 600mg dosing of Motrin as being greater than 400mg dosing, the risk of continued use likely outweighs the benefit and therefore the treatment is not considered medically necessary.