

Case Number:	CM15-0068303		
Date Assigned:	04/15/2015	Date of Injury:	09/11/2014
Decision Date:	05/14/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/10/2015

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, Indiana, New York
Certification(s)/Specialty: 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 was a 51 year old male, who sustained an industrial injury, September 11, 2014. The injured worker previously received the following treatments Gabapentin and Fenoprofen, TENS (transcutaneous electrical nerve stimulator) unit, left shoulder MRI and lumbar spine MRI. The injured worker was diagnosed with left shoulder strain, neck strain, HPN (herniated nucleus pulposus) of the cervical spine and HPN (herniated nucleus pulposus) of the lumbar spine. According to progress note of February 23, 2015, the injured workers chief complaint was low back and shoulder pain. The physical exam noted diffuse tenderness with palpation of the left musculature of the spine and left spasms T6 periscapular up to the trapezius muscles. The treatment plan included prescription for Gabapentin and Fenoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Capsules of Gabapentin 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 100 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured workers working diagnoses are cervical herniated disc, lumbar herniated disc; left shoulder partial thickness tears. Subjectively, in a progress note dated February 23, 2015, the treating physician states the patient terminated the encounter. Injured worker became angry when asked to give more consistent effort motor testing. The injured worker demanded stronger pain medications after running out of medications. There are no objective findings documented in the medical record. A review of the medical record did not show prescribing information with duration for Gabapentin. The handwritten sections of the [REDACTED] documentation are largely illegible. There is no Gabapentin documentation in the medical record. Consequently, absent clinical documentation with Gabapentin and subjective and objective functional improvement, Gabapentin 100 mg #90 is not medically necessary.

90 Tablets of Fenoprofen Calcium 400 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fenoprofen calcium 400 mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured workers working diagnoses are cervical herniated disc, lumbar herniated disc; left shoulder partial thickness tears. Subjectively, in a progress note dated February 23, 2015, the treating physician states the patient terminated the encounter. The injured worker became angry when asked to give more consistent effort motor testing. The injured worker demanded stronger pain medications after running out of medications. There are no objective findings of non-steroidal anti-inflammatory drugs (Fenoprofen 400mg) documented in the medical record. A review of the medical record did not show prescribing information with duration of use for Fenoprofen 400mg. The handwritten sections of the Healthworks documentation are largely illegible. There is no Fenoprofen 400mg documentation in the medical record. Consequently, absent clinical

documentation with Fenoprofen 400mg and subjective and objective functional improvement, Fenoprofen Calcium 400mg #90 is not medically necessary.