

Case Number:	CM15-0091407		
Date Assigned:	05/15/2015	Date of Injury:	10/30/2004
Decision Date:	06/23/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67-year-old male, with a reported date of injury of 10/30/2004. The diagnoses include cervical spine herniated nucleus pulposus with radiculopathy chronic neck pain, chronic low back pain, and lumbar spine herniated nucleus pulposus with radiculopathy. Treatments to date have included an MRI of the cervical spine on 05/26/2011 and 06/27/2014, an MRI of the lumbar spine on 05/26/2011, oral medications, acupuncture therapy, and physiotherapy. The progress report dated 03/30/2015 indicates that the injured worker reported his pain the same since the last visit. He continued to complain of neck and low back pain. The pain was rated 4 out of 10. The objective findings include decreased cervical spine and lumbar spine range of motion, decreased sensation in the left arm and hand in the C7 dermatome, and positive straight leg raise test. The treating physician requested Ranitidine 150mg #60, Naproxen 500mg #60, and Gabapentin 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 11 years status post work-related injury and continues to be treated for chronic neck and low back pain. When seen, he was having ongoing symptoms that were unchanged. There was decreased cervical and lumbar range of motion with decreased left upper extremity sensation and positive straight leg raising. Medications include Gabapentin at a total dose of 200 mg per day, Naprosyn, and ranitidine. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when non-steroidal anti-inflammatory medication is being prescribed. The claimant is over age 65 and is taking a nonselective NSAID medication at the recommended dose. Guideline recommendations include that an H2-blocker such as ranitidine be prescribed. It was therefore medically necessary.

Naproxen 500mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant is more than 11 years status post work-related injury and continues to be treated for chronic neck and low back pain. When seen, he was having ongoing symptoms that were unchanged. There was decreased cervical and lumbar range of motion with decreased left upper extremity sensation and positive straight leg raising. Medications include Gabapentin at a total dose of 200 mg per day, Naprosyn, and ranitidine. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

Gabapentin 100mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant is more than 11 years status post work-related injury and continues to be treated for chronic neck and low back pain. When seen, he was having ongoing symptoms that were unchanged. There was decreased cervical and lumbar range of motion with decreased left upper extremity sensation and positive straight leg raising. Medications include Gabapentin at a total dose of 200 mg per day, Naprosyn, and ranitidine. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia

and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore is not medically necessary.