

Case Number:	CM13-0002940		
Date Assigned:	01/15/2014	Date of Injury:	09/06/2006
Decision Date:	03/19/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PPhysical Medicine and Rehabilitaion, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 65 year old female with date of injury of 09/06/2006. The treating physician's report per 08/12/2013 has diagnostic lists of: 1) Degenerative disk disease, 2) Trochanteric tendinitis, hips, 3) Patellar joint disease, bilateral knees. Current presenting symptoms, 06/10/2013, are low back pain that radiates into right lower extremity, numbness and tingling weakness in the leg, chronic left knee pain. Any activity that involves prolonged standing, walking, bending, twisting significantly aggravates her low back and right leg pain. The listed diagnoses of: (1) Low back pain with MRI from 2011 showing compression fracture of L5; grade 1 spondylolisthesis, L4 and L5; a 3-mm disk bulge at L3-L4; moderate degenerative changes in the lumbar spine, (2) Right lower extremity radicular symptoms, (3) Bilateral hip trochanteric bursitis. In this report, he recommends that the patient continue Percocet 5/325 on a p.r.n. basis for severe pain. Recommendation was also for Neurontin 100 mg 3 times a day for neuropathic pain and complaints of right lower extremity pain, Robaxin 500 mg 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: This patient presents with chronic low back and lower extremity radicular symptoms with MRI demonstrating spondylolisthesis as well as 4-mm disk bulges at multiple levels. The treating physician has prescribed Robaxin 500 mg to use as a muscle relaxant for muscle spasms. MTUS Guidelines page 63 does not support use of muscle relaxants for a long-term basis. It states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain." In this patient, there is no documentation of exacerbation of the chronic low back pain. The treating physician also does not state that this medication is to be used for short term. Based on medication prescription for multiple reports, it would appear that the medication is used for a long-term basis at least for more than 2 to 3 weeks' timeframe allowed by MTUS Guidelines. Recommendation is for denial.

Percocet 5/325 #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic low back and lower extremity radicular symptoms with MRI demonstrating a 3-mm disk bulge at L3-L4 and spondylolisthesis at L4-L5 and a compression fracture at L5. The treating physician has prescribed Percocet 5/325 to be taken on as needed basis for severe pain. [REDACTED] report from 07/10/2013, states that the patient's pain level is at 5/10 with the use of medications; without medications, at 8/10. He also states that the patient does note functional improvement as well as improvement in pain with her current medications. The MTUS Guidelines for opiate use require careful documentation of pain assessment, use of numerical scale to document functioning, and also, documentation of outcome measures. In this patient, the treating physician would like to use Percocet 5/3325 on as needed basis for severe pain. He has provided before and after documentation of pain levels with and without medication, and also, provides a generic statement that patient's functional level is improved as well as pain level improved with the use of medications. Given the patient's chronic pain, the recommendation for authorization of small amount of Percocet to be used on as needed basis to treat patient's flareups and exacerbations. I do not believe the treating physician has provided adequate documentation for chronic and regular use of opiates, but it may be appropriate to allow the use of Percocet for on as needed basis. Recommendation is authorization of #30 Percocet prescribed.

Neurontin 100mg t.i.d for neuropathic pain right lower extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18,19.

Decision rationale: This patient presents with chronic low back with radiating symptoms to the lower extremities with MRI demonstrating a 3-mm disk bulge at L3-L4 and a grade 1 spondylolisthesis at L4-L5, compression fracture at L5. The patient has been prescribed Neurontin 100 mg 3 times a day. For documentation of pain assessment and function, the treating physician states on 07/10/2013 that the patient's level of pain is 8/10 without medications and 5/10 with the use of medications. He also documents that the patient has functional improvement as well as improvement in pain with current medications. The treating physician does not specifically identify which medication is providing benefit. However, the patient does have diagnoses of radicular pain with disk herniation and spondylolisthesis at the lumbar spine. The patient does have distinct radiating symptoms down the lower extremity. MTUS Guidelines do support use of Neurontin for neuropathic pain. It does require documentation of at least 30% improvement of the symptoms. In this case, although the treating physician is not specific about which medication, he documents that the patient's level of pain has improved from 8/10 to 5/10. Recommendation is for authorization of Neurontin 100 mg 3 times a day.

Robaxin 500 mg t.i.d for muscle relaxant: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: This patient presents with chronic low back and lower extremity radicular symptoms with MRI demonstrating spondylolisthesis as well as 4-mm disk bulges at multiple levels. The treating physician has prescribed Robaxin 500 mg to use as a muscle relaxant for muscle spasms. MTUS Guidelines page 63 does not support use of muscle relaxants for a long-term basis. It states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain." In this patient, there is no documentation of exacerbation of the chronic low back pain. The treating physician also does not state that this medication is to be used for short term. Based on medication prescription for multiple reports, it would appear that the medication is used for a long-term basis at least for more than 2 to 3 weeks' timeframe allowed by MTUS Guidelines. Recommendation is for denial.

Percocet 5/325 PRN severe pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Page(s): 88-89.

Decision rationale: This patient presents with chronic low back and lower extremity radicular symptoms with MRI demonstrating a 3-mm disk bulge at L3-L4 and spondylolisthesis at L4-L5 and a compression fracture at L5. The treating physician has prescribed Percocet 5/325 to be taken on as needed basis for severe pain. [REDACTED] report from 07/10/2013, states that the patient's pain level is at 5/10 with the use of medications; without medications, at 8/10. He also states that the patient does note functional improvement as well as improvement in pain with her current medications. The MTUS Guidelines for opiate use require careful documentation of pain assessment, use of numerical scale to document functioning, and also, documentation of outcome measures. In this patient, the treating physician would like to use Percocet 5/3325 on as needed basis for severe pain. He has provided before and after documentation of pain levels with and without medication, and also, provides a generic statement that patient's functional level is improved as well as pain level improved with the use of medications. Given the patient's chronic pain, the recommendation for authorization of small amount of Percocet to be used on as needed basis to treat patient's flareups and exacerbations. I do not believe the treating physician has provided adequate documentation for chronic and regular use of opiates, but it may be appropriate to allow the use of Percocet for on as needed basis. Recommendation is authorization of #30 Percocet prescribed.

Neurontin 100 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18,19.

Decision rationale: This patient presents with chronic low back with radiating symptoms to the lower extremities with MRI demonstrating a 3-mm disk bulge at L3-L4 and a grade 1 spondylolisthesis at L4-L5, compression fracture at L5. The patient has been prescribed Neurontin 100 mg 3 times a day. For documentation of pain assessment and function, the treating physician states on 07/10/2013 that the patient's level of pain is 8/10 without medications and 5/10 with the use of medications. He also documents that the patient has functional improvement as well as improvement in pain with current medications. The treating physician does not specifically identify which medication is providing benefit. However, the patient does have diagnoses of radicular pain with disk herniation and spondylolisthesis at the lumbar spine. The patient does have distinct radiating symptoms down the lower extremity. MTUS Guidelines do support use of Neurontin for neuropathic pain. It does require documentation of at least 30% improvement of the symptoms. In this case, although the treating physician is not specific about which medication, he documents that the patient's level of pain has improved from 8/10 to 5/10. Recommendation is for authorization of Neurontin 100 mg 3 times a day.