

Case Number:	CM13-0011910		
Date Assigned:	09/08/2014	Date of Injury:	05/07/2010
Decision Date:	10/09/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/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:

The injured worker is a 49-year-old male who reported an injury on 05/07/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of right foot 5th metatarsal fracture, right ankle sprain, complex regional pain syndrome of the right lower extremity, compensatory musculoligamentous strain of the lumbosacral spine, and compensatory right wrist tendonitis. Past medical treatment consists of extracorporeal shockwave therapy, chiropractic therapy, physical therapy, acupuncture therapy. Medications include Neurontin, Norflex, and Colace. It was noted that the injured worker complained of nausea and heartburn. It was not clear whether it was due to medication. On 04/11/2012, the injured worker underwent diagnostic ultrasound study. On 03/19/2014, the injured worker complained of right foot pain. Physical examination revealed that the pain rate was 8/10 to 9/10. The right foot was tender to palpation over the plantar fascia, dorsal and lateral foot. There was hypersensitivity in the lower extremity and foot. There was no evidence of swelling. Range of motion of the right foot was measured with a flexion of 12, extension of 25, inversion of 14, and eversion of 12. The treatment plan is for the provider to await IMR response regarding a pain management consultation for consideration of sympathetic blocks, positive/negative spinal cord stimulator. The provider would also like the injured worker to continue the use of medication. The rationale and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Neurontin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) - Neurontin Page(s): 16-22.

Decision rationale: The request for a prescription of Neurontin 600mg is not medically necessary. The California MTUS guidelines state that Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs (AEDs) depends on improved outcomes versus tolerability of adverse effects. It was not documented in the submitted report as to how long the injured worker has been prescribed Neurontin. The efficacy of the medication was not submitted for review. Furthermore, there was no mention of muscle weakness or numbness, which would be indicative of neuropathy. Additionally, it did not appear that the injured worker had a diagnosis that would be congruent with the guideline recommendations. The request as submitted did not specify a frequency or duration of the medication. Given the above, the injured worker's request is not within the MTUS recommended guidelines. As such, the request for a prescription of Neurontin 600mg is not medically necessary.

Prescription of Norflex 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) - Norflex Page(s): 63-65.

Decision rationale: The request for a prescription of Norflex 100mg is not medically necessary. According to the California MTUS, Orphenadrine (Norflex) is a non-sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The greatest effect of this type of medication is in the first 4 days of treatment, suggesting that a shorter course may be better. Treatment should be brief. It was noted in the documentation that the injured worker had been prescribed this medication since at least 9/17/2013, exceeding the guideline recommendation of short-term therapy. The provided medical records also lacked documentation of significant objective functional improvement with the medication. The provider's rationale for the request was not provided within the submitted

documentation. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. As such, the request for a prescription of Norflex 100mg is not medically necessary.

Prescription of Colace 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation article, McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and dissemination Core; 2009 Oct.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid-induced constipation treatment (Colace)

Decision rationale: The request for a prescription of Colace 100mg is not medically necessary. ODG recommends treatment of opioid-induced constipation. On prescribing an opioid, especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first step should be to try to correct this with simple treatments, including increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet rich in fiber. These can reduce the chance and severity of opioid-induced constipation (and constipation in general). In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools and bulk and increase the water content of stool. There was no indication in the submitted report that the provider had educated the injured worker on proper hydration, proper diet, and proper exercise regarding opioid-induced constipation. Furthermore, in the submitted report dated 03/19/2014, the injured worker did not complain of constipation. The injured worker did mention nausea and heartburn, though it was unclear whether this was due to medication. Given the above, the medical necessity of Colace is unclear. As such, the request for a prescription of Colace 100mg is not medically necessary.