

Case Number:	CM13-0015007		
Date Assigned:	10/04/2013	Date of Injury:	01/15/2004
Decision Date:	02/21/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/21/2013

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 Family Practice 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 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:

The patient is a 55-year-old injured worker who reported an injury on 01/15/2004 after they put a student back in their wheelchair and felt pain in their back. The patient was diagnosed with increased neck pain following C5-6 anterior cervical discectomy and fusion and thoracic sprain. The patient's previous treatment included a C5-6 anterior cervical discectomy performed on 07/12/2007 to include fusion, as well as the use of medications. The most recent clinical documentation on file are dated 09/10/2013 which notes that the patient has subjective complaints of increased neck and back pain. This also includes pain radiating into their bilateral upper extremities. The patient was noted to be continuing to take his medications, which are helping. Objective findings noted that the patient had cervical tenderness and restricted range of motion, as well as tenderness in the parathoracic muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back Chapter, Magnetic resonance imaging (MRI).

Decision rationale: The Official Disability Guidelines state that repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (i.e., tumor, infection, fracture, neurocompression, and recurrent disc herniation). In the case, the patient is status post cervical discectomy and fusion performed at the C5-6 levels; however, the documentation provided did not support a significant change in the patient's complaints or new or progressive neurological deficits to support repeat imaging at this time. The request for a MRI of the cervical spine is not medically necessary and appropriate.

Flexeril 10mg, quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to California MTUS cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than a placebo in the management of back pain; the effect is modest and comes with the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine has also been noted as a skeletal muscle relaxant and a central nervous system depressant. The medical records provided for review does not include documentation of functional improvement from the patient having utilized this medication in the past. The most recent examination date is from 09/10/2013, which is approximately 5 months ago. There is also nothing in the documentation indicating the patient has had effective relief from his pain with the use of Flexeril. Furthermore, the California MTUS Guidelines do not recommend muscle relaxants as being any more effective than NSAIDs alone. The request for Flexeril 10mg, quantity 90, is not medically necessary and appropriate.

Gabapentin 600mg, quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin®) Page(s): 49.

Decision rationale: The California MTUS, states that Gabapentin is an anti-epilepsy drug, which 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. In the case of this patient, the documentation does not provide any evidence that the patient is positive for radicular findings on the exam note. Without having objective findings indicating the patient has radiculopathy pertaining to the injury site at their cervical spine region, the

medical necessity for gabapentin cannot be established. The request for Gabapentin 600 mg, quantity 90, is not medically necessary and appropriate.

Norco 10/325mg, quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California MTUS states that for continued use of this opiate to treat moderate or severe pain, there needs to be documented objective evidence of derived functional benefit to include a decrease in pain. The most current documentation date is 09/10/2013 and does not give any indication that the patient has had sufficient pain reduction or increase in functional improvement with the use of the Norco. The request for Norco 10/325mg, quantity 90, is not medically necessary and appropriate.

Ambien 10mg, quantity 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Zolpidem (Ambien®).

Decision rationale: The Official Disability Guidelines state that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short term (usually 2 to 6 weeks) treatment of insomnia. This medication can be habit forming, and may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression patient over the long term use. In the case, there is no documented occurrence of sleep disturbance, result of sleep behavior modification attempts, or documentation of failed trials of other guideline-supported treatments. The request for Ambien 10mg, quantity 30, is not medically necessary and appropriate.