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| Case Number: | CM13-0038142 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 09/03/2008 |
| Decision Date: | 04/21/2014 | UR Denial Date: | 09/26/2013 |
| Priority: | Standard | Application Received: | 09/27/2013 |

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 59-year old with a reported date of injury of 09/03/2008. The patient's diagnoses include chronic pain, displacement of lumbar disc without myelopathy, thoracic/lumbar radiculitis and lumbar facet arthroses and degenerative scoliosis. Progress notes from the treating primary physician dated 09/13/2013 shows the patient had continuing low back pain and right lower extremity pain. The patient noted a continued benefit from the pain medication regimen which included Norco10/325mg, Neurontin 900mg, Celebrex 200 mg, Flexeril and Cymbalta 90 mg. The patient reported drowsiness from Flexeril. Physical exam showed pain in the low back upon palpation with muscle spasms in the paraspinal musculature and quadratus lumborum. The treating physician recommended continuation of medications except a switch from Flexeril to Skelaxin for muscle spasm. A request for certification for Skelaxin and Neurontin on 09/26/2013 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 900MG TID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-19.

Decision rationale: The California MTUS states that AEDs are recommended for neuropathic pain (pain due to nerve damage). The California MTUS does recommend the use of Neurontin for chronic pain as long as there is an adequate response with no intolerance, hypersensitivity or other contraindications. The patient has taken the medication for over a year and noted benefit from the medication regimen. Therefore continued use of Neurontin is warranted.

SKELAXIN 800MG 1/2 TO 1 QD PM #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The California MTUS indicates that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs 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. Per the progress notes, the patient had been using muscle relaxants for greater than one year. While the patient did not benefit from the care plan, per the MTUS guidelines they are not indicated for long term use in chronic back pain and thus their continued use is not indicated.