

Case Number:	CM13-0061894		
Date Assigned:	05/07/2014	Date of Injury:	07/24/2000
Decision Date:	06/12/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 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:

According to the records made available for review, this is a 51-year-old male with a 07/24/2000 date of injury and status post lumbar decompression and fusion at L3-4 on 05/24/2013. At the time (8/20/13) of request for authorization for Flexeril 10 mg, #120, Neurontin 600 mg, #100, and Prilosec 10 mg, #240, there is documentation of subjective (continued severe lower back pain) and objective (weakness of the right leg) findings. The current diagnoses include chronic intractable low back pain, status post multiple lumbar fusions, and status post previous spinal cord stimulator (SCS) implantation. The treatment to date includes: ongoing therapy with Flexeril, Neurontin, and Prilosec. Regarding the requested Flexeril 10 mg, #120, there is no documentation of an acute exacerbation of chronic low back pain; short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flexeril. Regarding the requested Neurontin 600 mg, #100, there is no documentation of neuropathic pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Neurontin. Regarding the requested Prilosec 10 mg, #240, there is no documentation of risk for gastrointestinal events (age > 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drug (NSAID)), and preventing gastric ulcers induced by NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) AND CYCLOBENZAPRINE Page(s): 63-64, 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, MUSCLE RELAXANTS (FOR PAIN).

Decision rationale: The Chronic Pain Guidelines identify documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines indicate that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of chronic intractable low back pain, status post multiple lumbar fusions, and status post previous spinal cord stimulator (SCS) implantation. In addition, there is documentation of chronic low back pain. However, there is no documentation of an acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Flexeril, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flexeril. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg, #120 is not medically necessary.

NEURONTIN 600 MG, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs) AND GABAPENTIN Page(s): 17,18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN (NEURONTIN) Page(s): 18-19.

Decision rationale: The Chronic Pain Guidelines identify documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). The MTUS-Definitions indicate that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic intractable low back pain, status post multiple lumbar fusions, and status post previous SCS implantation. However, there is no documentation of neuropathic pain. In addition, given documentation of ongoing treatment with Neurontin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Neurontin. Therefore, based on

guidelines and a review of the evidence, the request for Neurontin 600mg, #100 is not medically necessary.

PRILOSEC 10 MG, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GUIDELINES NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), PROTON PUMP INHIBITORS (PPIs).

Decision rationale: The MTUS Chronic Pain Guidelines indicate that the risk for gastrointestinal (GI) event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drug (NSAID). The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of chronic intractable low back pain, status post multiple lumbar fusions, and status post previous SCS implantation. However, there is no documentation of risk for gastrointestinal events (age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID), and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 10mg, #240 is not medically necessary.