

Case Number:	CM13-0064787		
Date Assigned:	01/03/2014	Date of Injury:	08/18/2013
Decision Date:	05/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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 Preventive Medicine, 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 male with a April 18, 2013 date of injury and status post lumbar surgery on June 5, 2013. At the time of the decision for Neurontin 800mg, 60 Fexmid 7.5mg, 120ml Menthoderm, and urine drug screen (November 12, 2013), there is documentation of subjective (low back pain with numbness and tingling in both feet, weakness in the right leg, neck pain with numbness and tingling in the hands and fingers,) and objective (tenderness to palpation over the lumbar spin with decreased range of motion) findings, current diagnoses (lumbar sprain/strain, severe lumbar spondylosis, multilevel disc herniation with resultant neural compression, thoracic strain, and possible cervical disc herniation with radiculopathy), and treatment to date (lumbar surgery and ongoing therapy with Neurontin).Regarding the requested Neurontin 800mg, 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 or medical services as a result of use of Neurontin. Regarding the requested 60 Fexmid 7.5mg, there is no documentation of acute exacerbations of chronic low back pain and the intention to treat over a short course (less than two weeks). Regarding the requested 120ml Menthoderm, there is no documentation that trials of antidepressants and anticonvulsants have failed. Regarding the requested urine drug screen, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 800MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation 9792.20 Medical Treatment Utilization Schedule (MTUS) Citation Index.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). 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. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, severe lumbar spondylosis, multilevel disc herniation with resultant neural compression, thoracic strain, and possible cervical disc herniation with radiculopathy. In addition, there is documentation of neuropathic pain. However, 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 or medical services as a result of use of Neurontin. The request for Neurontin 800 mg is not medically necessary or appropriate.

FEXMID 7.5MG, SIXTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain Chapter, Muscle Relaxants (For Pain).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, severe lumbar spondylosis, multilevel disc herniation with resultant neural compression, thoracic strain, and possible cervical disc herniation with radiculopathy. However, despite documentation of chronic low back pain, there is no documentation of acute exacerbations of chronic low back pain. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). The request for Fexmid 7.5 mg, sixty count, is not medically necessary or appropriate.

MENTHODERM 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation website Drugs.com

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies Methoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. The Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, severe lumbar spondylosis, multilevel disc herniation with resultant neural compression, thoracic strain, and possible cervical disc herniation with radiculopathy. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. The request for Methoderm 120 ml is not medically necessary or appropriate.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, severe lumbar spondylosis, multilevel disc herniation with resultant neural compression, thoracic strain, and possible cervical disc herniation with radiculopathy. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. The request for a urine drug screen is not medically necessary or appropriate.