

Case Number:	CM14-0002672		
Date Assigned:	01/29/2014	Date of Injury:	05/01/2002
Decision Date:	06/27/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational 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:

The patient is a 56-year-old male who has filed a claim for lumbosacral neuritis associated with an industrial injury date of May 01, 2002. Review of progress notes low back pain radiating down bilateral lower extremities in the L4-5 and L5-S1 distributions, with numbness and tingling. The patient notes 50% pain relief of the cervical and upper extremities pain, and ability to decrease medication use by approximately 20% with cervical epidural steroid injection performed in November 2013. Patient was able wean off methadone. Patient also has moderate knee pain. Patient also complains of occipital headaches, sleep problems, anxiety, and depression. Findings included antalgic gait, hypertonicity and trigger points at the lumbar region, tenderness of bilateral sciatic notches, reduced sensation of the right lower extremity, positive straight leg raise testing bilaterally, and positive facet loading. With regards to the cervical spine, findings include hypertonicity, and trigger points at the C6-7 region. There is positive Spurling's maneuver. Magnetic Resonance Imaging (MRI) of the cervical spine performed in April 12, 2010 show multilevel disk bulges without cervical spinal cord or nerve root compression. Treatment to date has included Non-steroidal anti-inflammatory drugs (NSAIDs), opioids, anti-depressants, Restoril, risperidone, physical therapy, corticosteroid injections to the left knee, viscosupplementation to the left knee, cervical epidural steroid injection, and left total knee arthroplasty in May 2013. Utilization review from December 30, 2013 denied the request for gabapentin as patient does not present with neuropathic pain; Flexeril as patient appears to benefit from epidural steroid injection and addition of this medication is not needed; and Norco as it does not appear that the patient has recently been using it, or has a need for it.Ã

IMR ISSUES, DECISIONS AND RATIONALES

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

ELAVIL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 13-15.

Decision rationale: Pages 13-15 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that amitriptyline is recommended. It is considered a first line agent for neuropathic pain. It is also effective for fibromyalgia and Complex Regional Pain Syndrome. This medication is a reasonable option to manage patient's neuropathic symptoms. The requested quantity and dosage is not specified. Previous utilization review determination, dated December 30, 2013, has already certified this request for #30. Therefore, the request for Elavil is not medically necessary.

GABAPENTIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 16-18.

Decision rationale: As stated on pages 16-18 in the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and post herpetic neuralgia, and is considered first-line for neuropathic pain. Patient has been on this medication since August 2013. It is not indicated as to why two medications for neuropathic pain are necessary in this patient. The requested quantity and dosage is not specified. Therefore, the request for gabapentin was not medically necessary.

FLEXERIL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-66.

Decision rationale: As stated in California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are

recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond Non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Patient has been on this medication since at least September 2013. Patient continues to have muscle spasms in the cervical and lumbar region. However, this medication is not recommended for long-term use. The requested quantity and dosage is not specified. Therefore, the request for Flexeril was not medically necessary.

NORCO: 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 Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least June 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. There is also no documentation regarding periodic urine drug screens for monitoring medication use. The requested quantity and dosage is not specified. Therefore, the request for Norco was not medically necessary.