

Case Number:	CM14-0131535		
Date Assigned:	08/20/2014	Date of Injury:	04/14/2010
Decision Date:	10/21/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal 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 injured worker is a 47-year-old male who sustained an injury on April 14, 2010 due to a cumulative trauma type injury. The injured worker has been followed for complaints of both neck and low back pain with radiating pain to the lower extremities with associated numbness and tingling. Prior treatment has included acupuncture treatment as well as chiropractic manipulation and physical therapy. The injured worker is noted to have had a prior right carpal tunnel release. Electrodiagnostic studies completed on May 12, 2014 noted a normal study. Magnetic resonance image studies of the cervical and lumbar spine from July 12, 2014 noted disc protrusions at L4-5 and at L5-S1, which resulted in severe right foraminal stenosis with contact of the right L5 nerve root at L5-S1. The clinical report from July 16, 2014 indicates the injured worker had ongoing complaints of low back and neck pain with radiating pain to the lower extremities, right side worse than left. At this evaluation, the injured worker was utilizing Percocet (5/325mg, 3 tablets per day) as well as Norflex ER (100mg), Neurontin (600mg) and Amitriptyline. The injured worker was also receiving Ambien and xerelta from his primary care physician. The injured worker reported continuing spasms that were more improved with Norflex in comparison with other antispasmodic medications. The injured worker's physical examination did note tenderness to palpation in the right L4-S1 facet joints with decreased range of motion in the lumbar spine. No sensory deficit or reflex changes in the lower extremities were noted. The requested gabapentin (600mg, #90), Orphenadrine ER (100mg, #60), Percocet (10/325mg, #90) and a consult for lumbar discectomy were all denied by utilization review on August 07, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin (600mg, #90): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: In regards to the request for gabapentin, the request is medically appropriate. The injured worker does present with ongoing objective findings consistent with lower extremity radiculopathy. From the clinical literature and guidelines, gabapentin is a first line recommended medication in the treatment of ongoing neuropathic radicular pain. Given the injured worker's presentation consistent with a lumbar radiculopathy, the request is medically necessary.

Orphenadrine ER (100mg, #60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Orphenadrine ER, the request is not medically appropriate based on the clinical documentation provided and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary.

Percocet (10/325mg, #90): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: Per current evidence based guidelines, the use of a short acting narcotic such as Percocet can be considered an option in the treatment of moderate to severe musculoskeletal pain. Overall, there is insufficient evidence in the clinical literature that long-term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of

Percocet. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. This would be indicated for Percocet given the long-term use of this medication. As there is insufficient evidence to support the ongoing use of Percocet, the request is not medically necessary.

Consultation for Lumbar Discectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 288,305-306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 32

Decision rationale: In regards to the request for consult for lumbar discectomy, the request as medically appropriate. The injured worker's physical examination and imaging findings are consistent with symptomatic nerve root entrapment at L5-S1. Due to the pathology at L5-S1 on magnetic resonance image, there is clear contact and compression of the L5 nerve root. The injured worker's symptoms have not improved despite conservative treatment including medication management as well as physical therapy and other modalities. At this point in time, the injured worker would be a reasonable surgical candidate and the referral for lumbar discectomy consult was appropriate and would be considered standard of care. Therefore, the request is medically necessary.