

Case Number:	CM14-0153691		
Date Assigned:	09/23/2014	Date of Injury:	04/26/2006
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 50-year-old male with a 4/26/06 date of injury, and L4-5 right redo hemilaminectomy and discectomy on 5/7/07, and L4-5 posterior spinal fusion with instrumentation and L4-5 transverse lumbar on 8/29/11. At the time (9/11/14) of Decision for Robaxin 750mg and Neurontin 300mg, there is documentation of subjective (low back pain) and objective (antalgic gait, spasms in the lumbar spine, and positive straight leg raise bilaterally) findings, current diagnoses (lumbar radiculopathy, lumbar degenerative disc disease, lumbar spondylosis, status post lumbar fusion surgery, and post laminectomy syndrome), and treatment to date (medications (including ongoing treatment with Norco, Neurontin, Robaxin, and Oxycontin since at least 5/8/14)). Medical reports identify approximately 40-50% pain relief; patient able to get out of bed, sit, stand, and walk with less discomfort; and perform basic activities of daily living as a result of medications use. Regarding Robaxin, there is no documentation of Robaxin used as a second line option for short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg: 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 (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies 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. 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. ODG identifies 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 lumbar radiculopathy, lumbar degenerative disc disease, lumbar spondylosis, status post lumbar fusion surgery, and post laminectomy syndrome. In addition, there is documentation of ongoing treatment with Robaxin since at least 5/8/14. Furthermore, given documentation of medical reports identifying approximately 40-50% pain relief, patient's able to get out of bed, sit, stand, and walk with less discomfort; and perform basic activities of daily living as a result of medications use, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Robaxin use to date. However, despite documentation of muscle spasms, and given documentation of a 4/26/06 date of injury, there is no (clear) documentation of acute muscle spasms or exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Robaxin since at least 5/8/14, there is no documentation of short term (less than two weeks) treatment. Furthermore, there is no documentation of Robaxin uses as a second line option. Therefore, based on guidelines and a review of the evidence, the request for Robaxin 750mg is not medically necessary.

Neurontin 300mg: Overturned

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

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

Decision rationale: MTUS 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 radiculopathy, lumbar degenerative disc disease, lumbar spondylosis, status post lumbar fusion surgery, and post laminectomy syndrome. In addition, there is documentation of neuropathic pain and ongoing treatment with Neurontin since at least 5/8/14. Furthermore, given documentation of medical reports identifying approximately 40-50% pain relief; patient able to get out of bed, sit, stand, and walk with less discomfort; and perform basic activities of daily living as a result of medications use, there is documentation of functional benefit and

improvement as an increase in activity tolerance as a result of Neurontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Neurontin 300mg is medically necessary.