

Case Number:	CM14-0159722		
Date Assigned:	10/03/2014	Date of Injury:	10/12/2005
Decision Date:	11/21/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

The injured worker is a 65 year old male with a date of injury on 10/12/2005. He has history of (a) gastrointestinal bleed on 5/31/2013 from large cameron ulcer, (b) lower gastrointestinal bleeding in 2013, (c) status post remote upper gastrointestinal bleed secondary to peptic ulcer disease, (d) hiatal hernia, (e) gastroesophageal reflux disease, (f) hypertension and (g) psychiatric, orthopedic and chronic pain issues - deferred. Records dated 8/5/2013 indicate that he reported that he has had no recurrent bleeding and no longer dizzy. He was back to walking and still watched his diet. His dyspeptic symptoms are controlled with Prilosec 40mg twice a day. On examination revealed nothing remarkable. Urine drug screening records dated 4/14/2014 documents that the results are consistent with prescription medications. Records dated 4/30/2014 indicate that the injured worker underwent esophagogastroduodenoscopy with biopsy. Records dated 2/26/2014 indicate that the injured worker complained of low back pain with radiculopathy to the bilateral legs/feet. Pain was increased with bending, stooping, pushing, pulling, prolonged standing and sitting. He rated his pain as 6-7/10 has been attending acupuncture sessions. Lumbar examination noted tenderness with muscle spasm and guarding. Tenderness was also noted in the lumbosacral junction. Range of motion was limited in all planes. Straight leg raising test was positive to the bilateral lower legs. Most recent records dated 6/30/2014 documents the injured worker complained of frequent lumbar back pain (axial) with increase pain upon sitting and standing. He also complained of bending, lifting, and stooping. He rated his pain with medications as 6/10 and without medications he rated his pain as 9/10. Lumbar spine examination noted tenderness over the bilateral paravertebral muscles, lumbosacral junction. Range of motion was limited in all planes primarily with extension. Straight leg raising test was positive and increase low back pain. He is diagnosed with lumbar

spine sprain and strain with magnetic resonance imaging scan 4/27/2011 2-3 mm disc bulging L3-L4, L5-S1 with facet osteoarthritis with history of rhizotomies at L3-L4 and L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg 2x day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-19,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: Neurontin (Gabapentin) is classified under anti-epileptic drugs. These drug class is recommended as the first line treatment for neuropathic pain. However guidelines further indicate that a good response to the use of this drug class has been defined as 50% reduction in pain and a moderate response is 30%. Guidelines also state that continued use of anti-epileptic drugs depends on improved outcomes versus tolerability of adverse effects. In this case, the injured worker is noted to be using Neurontin however, there is no indication that a moderate or good response has been achieved. In addition, there are no documented improved outcomes. Hence, the request does not meet the indications provided by the guidelines thereby making the medical necessity of the requested Neurontin 600mg 2x per day # 60 as not established.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, long-term assessment, specific drug list Page(s): 76-80, 88-.

Decision rationale: Generally guidelines indicate that opioids are not recommended in the long-term. However, if it is to be used in the chronic term the clinical presentation of the injured worker should satisfy specific criteria including ongoing management and when to continue medications. There should also be documentation of significant decrease in pain levels as well as significant increase in functional activities. In this case, the injured worker is noted to be using Norco in the long-term however there has been no significant change in the pain levels of this injured worker and remained at 6/10 with medications and without medications his pain levels was rated at 9/10. Absent also is the evidence of increased functional improvements. There is also absence of a urine drug screening which can be used to determine compliance or illicit drugs. Based on these reasons, the medical necessity of the requested Norco 10./325mg #120 is not established.

Fexmid 7.5mg 2x a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain, Antispasmodics, Cyclobenzaprine Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Fexmid (cyclobenzaprine) is generally a muscle relaxant and is specifically an antispasmodic. In this case, the presented records do not provide any indications regarding spasms or there is an acute exacerbation of spasms. Therefore, the medical necessity of the requested Fexmid 7.5 mg twice a day # 60 is not established.