

Case Number:	CM14-0161283		
Date Assigned:	10/06/2014	Date of Injury:	07/18/2012
Decision Date:	12/08/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 39-year-old female with a date of injury of 07/18/2012. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy. 2. Spasm of muscle. 3. Cervical facet syndrome. According to progress report dated 09/09/2014, the patient presents with neck pain and low back ache. The patient's current medication regimen includes Flexeril 10 mg, Gabapentin 300 mg, Norco 10/325 mg, Omeprazole DR 40 mg, and Ibuprofen 800 mg. Examination of the cervical spine revealed restricted range of motion with flexion limited to 45 degrees and extension limited to 15 degrees. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms are noted. Examination of the lumbar spine revealed range of motion is restricted with flexion limited to 60 degrees limited by pain and extension limited to 15 degrees limited by pain. The patient is unable to walk on heel or toes. Straight leg raise is positive on both sides. UDS from her last visit was negative for Norco and Flexeril. The patient states that "she does not take these medications when she needs to drive, as they make her feel too sedated." The patient is currently not working. The physician is requesting refill of Norco 10/325 mg, Gabapentin 300 mg, and Flexeril 10 mg. A Utilization review denied the request on 09/19/2014. Treatment reports from 04/28/2014 through 09/09/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 78.

Decision rationale: This patient presents with neck pain and low back ache. The physician is requesting a refill of Norco 10/325 mg #90. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been taking this medication since at least 07/08/2014. In this case, recommendation for further use of Norco cannot be supported as the physician does not provide pain assessment, outcome measures, or any discussion regarding functional improvement or changes of ADLs as required by MTUS for continued opiate use. UDS was provided at last visit which was not consistent with the medications prescribed, and there is no discussion regarding possible adverse side effects with medications. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is considered not medically necessary.

Gabapentin 300mg #60: Upheld

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

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

Decision rationale: This patient presents with neck pain and low back ache. The physician is requesting a refill of Gabapentin 300 mg #60. The MTUS Guidelines pages 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered the first line of treatment for neuropathic pain." The patient has been utilizing Gabapentin since at least 7/8/14. In this case, the physician has noted positive straight leg raise with radiating pain into the extremities. Although the patient meets the indication for Gabapentin, the physician does not discuss this medication's efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation of this medication cannot be supported. The request is not medically necessary.

Flexeril 10mg #120: Upheld

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

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

Decision rationale: This patient presents with neck pain and low back ache. The physician is requesting a refill of Flexeril 10 mg #120. The MTUS Guidelines page 63 do not recommend long-term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. In this case, review of the medical file indicates the patient has been prescribed Flexeril since at least 07/08/2014. Given that this medication has been prescribed for long-term use, the request is considered not medically necessary.