

Case Number:	CM14-0162802		
Date Assigned:	10/08/2014	Date of Injury:	10/15/2012
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/03/2014

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, has a subspecialty in Nephrology 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:

This is a 31-year-old male with a 10/15/12 date of injury. According to a progress report dated 9/10/14, the patient presented for follow-up of his lower back. He stated that his pain radiated to his back. It is noted in a 6/18/14 orthopedic follow-up note that gabapentin helped the patient use less narcotics and helped him sleep so that he could cope throughout the day. Objective findings: tenderness of lumbar paraspinal musculature, muscle spasms present at bilateral lumbar muscles, decreased lumbar range of motion due to muscle spasms and pain. Diagnostic impression: lumbar radiculopathy and lumbar HNP. Treatment to date: medication management, activity modification. A UR decision dated 10/2/14 modified the requests for gabapentin, Norco, and Flexeril to allow for a 1-month supply for weaning purposes. The request for Colace was denied. Regarding gabapentin, there was no clinical supporting documents to confirm the alleged neuropathy diagnosis. Regarding Norco, there was no documentation of subjective or objective benefit from use of this medication. Regarding Flexeril, this medication is a sedating muscle relaxant apparently being utilized for long-term treatment and the documentation does not identify acute pain or an acute exacerbation of chronic pain. Regarding Colace, there was no clinical supporting documents to confirm the alleged constipation diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg HS #30: Overturned

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 Anti-epileptic Drugs; Gabapentin Page(s): 16-18,49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, in the present case, this patient has a diagnosis of lumbar radiculopathy and lumbar herniated nucleus pulposus. Guidelines support the use of gabapentin as a first-line agent to treat neuropathic conditions. In addition, it is noted in a 6/18/14 orthopedic follow-up note that gabapentin helped the patient use less narcotics and helped him sleep so that he could cope throughout the day. Therefore, the request for Gabapentin 600mg HS #30 was medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #120 was not medically necessary.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The

effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, according to the records provided for review, this patient has been taking cyclobenzaprine since at least 7/21/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Flexeril 10mg #90 was not medically necessary.

Colace 250mg #60: 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 Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate) Peer-reviewed literature ('Management of Opioid-Induced Gastrointestinal Effects: Treatment')

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. However, in the present case, there is no documentation in the medical records provided for review of complaints of constipation. In addition, the medical necessity for the patient's opioid medication, Norco, has not been established. As a result, this associated request for prophylaxis from opioid-induced constipation cannot be substantiated. Therefore, the request for Colace 250mg #60 was not medically necessary.