

Case Number:	CM14-0166400		
Date Assigned:	10/28/2014	Date of Injury:	02/15/2008
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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 and Pain Management, 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 64 years old male with an injury date on 02/15/2000. Based on the 09/10/2014 progress report provided by [REDACTED], the diagnoses are: 1. Back pain, DDD, L4-5 discectomy 7/2000, facet syndrome. 2. Spinal stenosis, right hip and leg radiculopathy. According to this report, the patient complains of "aching pain over bilateral low back" with radiating pain into the buttocks, thigh, and calves. The patient also notice cramping and numbness over the tops of the feet and toes. Physical exam shows "no evidence of side effects to medications. Gait is stable. Calves are well toned, warm to touch. Plantar flexion and dorsiflexion strength 5/5. B/P 143/82, pulse 84. Positive muscle weakness, joint pain and numbness." The 09/26/2014 addendum report indicates patient's average pain score is 8/10 without medication; with medication symptoms are reduced to 5/10. "He is able to accomplish his Activities of Daily Living (ADL)'s, daily routines, and activities. He is able to continue volunteering and is able to golf." "Records continue to show efficacy in that neuropathic pain symptoms are controlled with Gabapentin." Treatments history includes bilateral L5-S1 tranforaminal epidural injections and lumbar radiofrequency neurotomies right L3, L4 and L5. There were no other significant findings noted on this report. The utilization review denied the request on 09/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/14/2014 to 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg, #20 with 3 refills: Upheld

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

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

Decision rationale: According to the 09/10/2014 report by [REDACTED] this patient presents with "aching pain over bilateral low back" with radiating pain into the buttocks, thigh, and calves. The treating physician is requesting Cyclobenzaprine 10mg #20. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic Low Back Pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicate this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Cyclobenzaprine #20 and this medication was first noted in the 01/14/2014 report. Cyclobenzaprine is not recommended for long term use. The treating physician does not mention that this is for a short-term use. Therefore, the request is not medically necessary and appropriate.

Gabapentin 300mg, #90 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18 19 and 49.

Decision rationale: According to the 09/10/2014 report by [REDACTED] this patient presents with "aching pain over bilateral low back" with radiating pain into the buttocks, thigh, and calves. The treating physician is requesting Gabapentin 200mg #90 with 5 refills. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. Per 09/26/2014 report patient "continues to show efficacy in that neuropathic pain symptoms are controlled with Gabapentin." The request is medically necessary and appropriate.

Hydrocodone/APAP 10/325mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61; 88, 89; 76-78.

Decision rationale: According to the 09/10/2014 report by [REDACTED] this patient presents with "aching pain over bilateral low back" with radiating pain into the buttocks, thigh, and calves. The treating physician states the patient "is able to accomplish his ADLs, daily routines, and activities. He is able to continue volunteering and is able to golf." Patient's average pain score is 8/10 without medication and with medication symptoms are reduced to 5/10. The treating physician is requesting Hydrocodone/APAP 10/325mg #30 with 3 refills. Hydrocodone/APAP was first mentioned in the 01/14/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 4As (analgesia, ADLs, adverse side effects, and aberrant 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 report shows documentation of pain assessment using a numerical scale describing the patient's pain. Patient's ADL's were provided. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is medically necessary and appropriate.