

<b>Case Number:</b>	CM14-0173140		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy; adjuvant medications; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 17, 2014, the claims administrator partially approved a request for morphine while denying a request for Neurontin outright. The applicant's attorney subsequently appealed. In a January 16, 2013 medical-legal evaluation, the applicant was given a diagnosis of chronic low back pain status post failed lumbar spine surgery. A 27% whole person impairment rating was issued. It was acknowledged that the applicant was incapable of returning to his former employment. In a January 18, 2013 progress note, the applicant was asked to continue morphine, Norco, Norflex, Relafen, and Prilosec. The applicant was given diagnoses of chronic low back pain, lumbar diskopathy, myofascial pain syndrome, depression, and a history of alcoholism and substance abuse. In a January 17, 2014 office visit, the applicant reported ongoing complaints of low back pain, severe and constant, 7-8/10, exacerbated by standing, bending, and lifting. The applicant was asked to continue morphine, Norco, Neurontin, Xanax, Norflex, and Prilosec. The applicant was permanent and stationary. It did not appear that the applicant was working with permanent limitations in place. In an April 16, 2014 progress note, authorization was sought for lumbar epidural steroid injection. The applicant reported a severe escalation of low back pain, ranging from 6-9/10, exacerbated by lifting, bending, and standing. The applicant was reportedly "miserable," it was acknowledged. The applicant was nevertheless asked to continue morphine, Xanax, Neurontin, Prilosec, Relafen, and Flexeril. In an October 8, 2014 progress note, the applicant again reported a severe escalation of low back pain with associated radiation of pain to

the right leg. The applicant was reportedly depressed, frustrated, and angry. 6-9/10 pain was noted. Neurontin, morphine, Prilosec, Flexeril, and Relafen were again renewed. Epidural steroid injection therapy was endorsed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Morphine ER 60mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** The request for extended release morphine, a long-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant is having difficulty performing activities of daily living as basic as standing, walking, lifting, and bending, the attending provider has noted on multiple occasions, referenced above. The applicant continues to report pain scores as high as 6-9/10, despite ongoing morphine usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**Neurontin 600mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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

**Decision rationale:** The request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant is off of work. Ongoing usage of Neurontin has failed to ameliorate the applicant's ability to perform activities of daily living as basic as sitting, standing, walking, lifting, and bending. Ongoing usage of Neurontin has failed to curtail the applicant's dependence on opioid agents such as morphine. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

**Norflex 100mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Functional Restoration Approach to Chronic Pain Management Page(s): 63; 7.

**Decision rationale:** The request for Norflex 100 mg #60 is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. The request for 60 tablets of Norflex, thus, is at odds with MTUS principles and parameters as it implies chronic, long-term, and/or scheduled usage of the same. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate discussion of applicant-specific variables such as "other medications" into his choice of recommendations. In this case, however, the attending provider seemingly furnished the applicant with concurrent prescriptions for Flexeril and Norflex. It was not clearly stated why the applicant needs to employ two different muscle relaxants. Therefore, the request is not medically necessary.