

Case Number:	CM14-0175131		
Date Assigned:	10/28/2014	Date of Injury:	04/08/2011
Decision Date:	12/04/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 49 year old female who was injured at work on 04/08/2011. She is reported to be complaining of 9/10 neck and low back pain. The pain radiates to the left shoulder girdle; it is worsened by standing, sitting, and driving. The low back pain is aching and cramping. It is associated with numbness and tingling, and weakness of her right leg. The physical examination revealed limited range of motion of the cervical and lumbar spines; tenderness and guarding in the Lumbar and sacroiliac regions. The Cervical MRI of 09/14/07 noted cervical straightening; Lumbar MRI of 09/04/14 noted mild disc changes in L2-3. The worker has been diagnosed of Thoracic or Lumbosacral Neuritis or radiculitis, Lumbago, Displacement of Lumbar Intervertebral Disc without myelopathy. Treatments have included chiropractic care, Wellbutrin, Ibuprofen, Tramadol, gabapentin, omeprazole, Tramadex. At dispute are the requests for Gabapentin 600mg #100; Tramcap C and Dilfur 120g lotion; Prilosec 20mg #60; Norflex 100mg ER #60; Physical medicine therapy 1-3 times for acute flare ups, Updated MRI lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #100: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 04/08/2011. The medical records provided indicate the diagnosis Thoracic or Lumbosacral Neuritis or radiculitis, Lumbago, Displacement of Lumbar Intervertebral Disc without myelopathy. Treatments have included chiropractic care, Wellbutrin, Ibuprofen, Tramadol, gabapentin, omeprazole, Tramadex. The medical records provided for review do not indicate a medical necessity for Gabapentin 600mg #100. The medical records reviewed indicate she has been on this medication, but there was no documentation of at least 30% pain reduction from the medication, as is recommended by the MTUS for continuing with the antiepileptics for chronic pain. Furthermore, the MTUS recommends the anticonvulsants or antiepileptics only for treatment of neuropathic pain. The requested treatment is not medically necessary since there is no indication the pain is neuropathic; there is no documentation of at least 30% pain reduction following the use of Gabapentin. Therefore the request is not medically necessary.

Tramcap C and Diltur 120g lotion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 04/08/2011. The medical records provided indicate the diagnosis Thoracic or Lumbosacral Neuritis or radiculitis, Lumbago, Displacement of Lumbar Intervertebral Disc without myelopathy. Treatments have included chiropractic care, Wellbutrin, Ibuprofen, Tramadol, gabapentin, omeprazole, Tramadex. The medical records provided for review do not indicate a medical necessity for Tramcap C and Diltur 120g lotion. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Also, there is no indication the injured worker is suffering from neuropathic pain. The requested treatment is not medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 04/08/2011. The medical records provided indicate the diagnosis Thoracic or Lumbosacral Neuritis or radiculitis, Lumbago, Displacement of Lumbar Intervertebral Disc without myelopathy. Treatments have included chiropractic care, Wellbutrin, Ibuprofen, Tramadol, gabapentin, omeprazole, Tramadex.

The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #60. The MTUS does not recommend the use of proton pump inhibitors like Prilosec, in individuals on long term treatment with NSAIDs except if the individual is at risk for gastrointestinal events. These include (1) being more than 65 years of age; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID plus low-dose ASA). Since the injured worker does not belong to these groups, the requested treatment is not medically necessary and appropriate.

Norflex 100mg ER #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain (Chronic)>, < Muscle relaxants (for pain)> Other Medical Treatment Guideline or Medical Evidence: <Epocrates>

Decision rationale: The injured worker sustained a work related injury on 04/08/2011. The medical records provided indicate the diagnosis Thoracic or Lumbosacral Neuritis or radiculitis, Lumbago, Displacement of Lumbar Intervertebral Disc without myelopathy. Treatments have included chiropractic care, Wellbutrin, Ibuprofen, Tramadol, gabapentin, omeprazole, Tramadex. The medical records provided for review do not indicate a medical necessity for Norflex 100mg ER #60. The dose is 100 mg twice a day when used as a muscle relaxant/ treatment of chronic pain; but when used as for leg cramping, the dose is 100mg orally at night. Although the medical records reported spasms and leg cramping, the request is for 60 tablets which would mean 30 to 60 day use, if used for either of the above two conditions. However, to avoid the risk diminishing efficacy and risk of dependency with long term use of muscle relaxants, the MTUS recommends that muscle relaxants should be used only for a short term. Must muscle relaxants are not to be taken beyond three weeks. The requested treatment is not medically necessary.

Physical medicine therapy 1-3 times for acute flare ups: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 04/08/2011. The medical records provided indicate the diagnosis Thoracic or Lumbosacral Neuritis or radiculitis, Lumbago, Displacement of Lumbar Intervertebral Disc without myelopathy. Treatments have included chiropractic care, Wellbutrin, Ibuprofen, Tramadol, gabapentin, omeprazole, Tramadex. The medical records provided for review indicate a medical necessity for Physical medicine therapy 1-3 times for acute flare ups. The MTUS recommends a fading of treatment frequency

(from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine in the treatment of acute exacerbations of chronic musculoskeletal pain. Therefore the request is medically necessary.

Updated MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations. Decision based on Non-MTUS Citation ODG for Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 04/08/2011. The medical records provided indicate the diagnosis Thoracic or Lumbosacral Neuritis or radiculitis, Lumbago, Displacement of Lumbar Intervertebral Disc without myelopathy. Treatments have included chiropractic care, Wellbutrin, Ibuprofen, Tramadol, gabapentin, omeprazole, Tramadex. The medical records provided for review do not indicate a medical necessity for Updated MRI lumbar spine. The injured worker is reported to have done more than two Lumbar MRIs between 2012 and 09/04/14. In the absence of red flags, or new features of worsening neurological problems, the MTUS recommends against indiscriminant in order avoiding false-positive findings that are not the source of painful. Since there are no indications of recent neurological changes or red flag features, the requested test is not medically necessary.