

<b>Case Number:</b>	CM14-0021326		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	01/26/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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:

This is a 31-year-old patient with a 1/26/10 date of injury. The patient lifted a box that she thought was empty which was very heavy and filled with paper. She felt a pop and severe shooting pain in the low back and legs. She fell to her knees and suffered immediate muscle spasms in the back area. In a progress noted dated 1/15/14 the patient reported back pain with radiation to the left lower extremity into the foot rated 9/10. Objectively, she presented with hypersensitivity of the lumbar spine with decreased painful range of motion. On a 11/19/13 visit, medications she was taking at the time were Percocet, hydrocodone, Valium, Soma on occasion and Motrin occasionally, in which it was recommended that she discontinued Percocet and Norco was recommended. In addition, it was recommended that she start gabapentin, discontinue Valium, and start a trial of Zanaflex, and continue Motrin. Diagnostic impression: lumbar spine sprain/strain, degenerative lumbar disc disease, thoracic/lumbosacral neuritis/radiculitis, and chronic syndrome, in which all symptoms were worse. Treatment to date: medication management, activity modification, physical therapy, TENs unit, massage, acupuncture, chiropractic therapy. A UR decision dated 1/23/14 denied the request for Norco. The patient was treated with Norco since 11/19/13 without overall pain and functional improvement. Documentation noted that pain was 7/10 and most recent documentation rated pain as 9/10. Prior documentation noted that medications provide 30% relief and despite taking Percocet and Norco she continued to have no relief and most recent documentation revealed increased subjective pain. In addition, there was no evidence of objective functional improvement with medications. Guidelines do not recommend continued use of opioids without objective pain and functional improvement. The request for Flexeril was also denied. Guidelines note that Flexeril has a modest effect with greater adverse effects and is not recommended to add to other agents. Considering the minimal effects versus greater adverse

effects, as well as guideline recommendations to not add Flexeril to other agents, in which the patient was treated with Norco, Motrin, Zanaflex, Neurontin, and Baclofen without pain and functional improvement, Flexeril does not appear medically appropriate. The request for Neurontin was modified from 120 tablets to 108 tablets. Guidelines do not recommend continued use of Neurontin unless there is a 50% reduction in pain with treatment, which documentation noted increase pain. Therefore, Neurontin does not appear medically appropriate.

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

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

**NORCO 10/325 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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. A previous UR decision dated 12/13/13 supported the weaning off of Norco for this patient. There is no documentation that the provider has addressed the recommendations for weaning. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, a UDS dated 12/18/13 was inconsistent and showed oxycodone, which the patient was not prescribed. Furthermore, the physician stated in a 12/10/13 progress note that Norco is not helping the patient's pain. Therefore, the request for Norco 10/325 #120 was not medically necessary.

**FLEXERIL 10 MG #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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. There is no discussion in the progress notes as to why cyclobenzaprine is being added to the patient's medication regimen. She is noted to be taking other muscle relaxants, Zanaflex and baclofen, and there is no mention of discontinuation of

either of these medications. Furthermore, there is no documentation of an acute exacerbation of the patient's pain. Therefore, the request for Flexeril 10 mg #10 was not medically necessary.

**NEURONTIN 300 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-18, 49.

**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. There is no documentation in the reports reviewed that the patient has a neuropathic component to her pain. A specific rationale identifying why Neurontin would be indicated in this patient was not identified. Therefore, the request for Neurontin 300 mg #120 was not medically necessary.