

Case Number:	CM14-0023373		
Date Assigned:	05/12/2014	Date of Injury:	06/03/2002
Decision Date:	07/10/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 June 3, 2002. A May 3, 2014 progress note was notable for the comments that the applicant reported persistent complaints of pain. The applicant was apparently working as a laborer. The applicant was only working 25 hours a week. The applicant was having difficulty getting medications authorized. The applicant reported persistent complaints of low back pain radiating to the left leg, ranging from 5/10 with medications and 9/10 pain without medications. The applicant reiterated that usage of medications was helping him to maintain necessary activities of daily living, including work. The applicant's entire medication list included Motrin, Flexeril, Neurontin, Norco, Desyrel, and Senna. The applicant was furnished with multiple medication refills on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request for Flexeril 10mg #90 with 3 refills is not medically necessary.

GABAPENTIN 300MG #180 WITH 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

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

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the treating provider to document improvements in pain and function at each visit in applicant's who are using Gabapentin. In this case, the attending provider has seemingly suggested that ongoing usage of Gabapentin has ameliorated the applicant's ability to work, admittedly on a part-time basis, and ambulate about. The Gabapentin has dropped. The applicant's pain scores from 8 to 9/10 without medications to 5/10 with medications, it has been further posited. Therefore, the request for Gabapentin 300mg #180 with 3 refills is medically necessary.

NORCO 10/325MG #180 WITH 1 REFILL: Overturned

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

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

Decision rationale: 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, the applicant has reportedly returned to work, admittedly on a part-time basis. The applicant does report appropriate improvement in pain and function, including ambulation, with ongoing Norco usage. Therefore, the request for Norco 10/325mg #180 with 1 refill is medically necessary.