

Case Number:	CM14-0029908		
Date Assigned:	06/20/2014	Date of Injury:	12/11/2012
Decision Date:	07/30/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 injured worker is a 53-year-old male who reported an injury on 12/11/2012. The medication history as of 05/2013 revealed NSAIDs, muscle relaxants, and antiepileptic medications. The documentation of 02/19/2014 revealed the patient had pain in the lumbar area with radicular symptoms into the right sacroiliac area. Additionally, the patient indicated they had symptoms into the L-S1 area. The surgical history included back surgery x2. The patient had a prior MRI of the lumbar spine. The medications included Flexeril 10 mg 1 tablet 4 times a day, Neurontin 600 mg tablets 2 tablets 3 times a day, and Mobic 15 mg tablets once a day. The neurologic examination revealed the patient had normal upper and lower extremity strength and the sensation was noted to be intact. The patient had paraspinal muscle spasms on the left and on the right. The diagnosis included intervertebral lumbar disc disorder with myelopathy in the lumbar region and lumbar sprain and strain. The treatment plan included a refill of the medications and it was indicated that due to the patient's lack of improvement an updated MRI was indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

360 Flexeril 10mg + 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 7 months. There was lack of documentation of objective functional improvement. Additionally, there was lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 360 Flexeril 10 mg plus 1 refill is not medically necessary.

60 Neurontin 600mg + 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines indicate that antiepileptic medications are a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review failed to meet the above criteria. The documentation indicated the injured worker had been utilizing the medication for greater than 7 months. The request as submitted failed to indicate the frequency for the requested medication. There was lack of documentation indicating the necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 60 Neurontin 600 mg plus 1 refill is not medically necessary.

30 Mobic 15mg + 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the treatment of acute symptomatic low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to meet the above criteria. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 7 months. There was a lack of documentation indicating a necessity for 4 refills without evaluation. The request as submitted failed to indicate

the frequency for the requested medication. Given the above, the request for 30 Mobic 15 mg plus 4 refills is not medically necessary.

MRI (Magnetic Resonance Imaging) Lumbar with Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate that repeat MRIs are supported when there is a significant change in symptoms or there are findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had a prior MRI. The results were not provided for review. There was a lack of documentation indicating the injured worker had a significant change in symptoms or findings suggestive of a significant pathology. Given the above, the request for MRI (magnetic resonance imaging) lumbar with contrast is not medically necessary.