

Case Number:	CM14-0031156		
Date Assigned:	04/18/2014	Date of Injury:	03/02/2001
Decision Date:	05/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/26/2014

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 & Rehabilitation 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 reported an injury on 03/02/2001. The specific mechanism of injury was not provided. The injured worker was noted to have used medications, physical therapy, and acupuncture with limited temporary benefit. The injured worker's medication history included Colace as of 11/2013, Gabapentin, Cyclobenzaprine, and Tylenol No. 4 as of 02/2013 and Restone as of 03/2013. The documentation of 12/24/2014 revealed the injured worker was in for a pain follow-up. The injured worker had subjective complaints of low back pain that radiated to the right hip and neck pain that radiated to the level of the hand. The injured worker's pain was a 5/10 with medications and 9/10 without medications. The injured worker complained of increased spasm in the upper and low back. It was indicated the injured worker was taking Soma from her primary care physician. Physical examination revealed spinal vertebral tenderness in the lumbar spine at L4-S1 and lumbar myofascial tenderness and paraspinal muscle spasms were noted on palpation. The diagnoses included lumbar and cervical radiculitis, lumbar radiculopathy, lumbar facet arthropathy, myalgia, and myositis. The treatment plan included trigger point injections, B12 injection, Toradol injection, urine drug screen, physical therapy 2 times a week x 3 weeks, and medication refills of Tylenol No. 4, Restone, Gabapentin, Colace, and Cyclobenzaprine, as well as a trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG TABLET, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines recommend antiepileptic medications as 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 indicated the injured worker had been utilizing the medication for greater than 6 months. The injured worker's pain level decreased to 5/10 from 9/10 with the use of the medication. There was lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Gabapentin 600 mg tablet #120 is not medically necessary.

TYLENOL WITH CODEINE #4 300-6 #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Ongoing Management; Opioid Dosing Page(s): 60; 78; 86.

Decision rationale: California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective decrease in pain, objective increase in function, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker's pain decreased from 9/10 to 5/10 with medications, and was being monitored for aberrant drug behavior and side effects. There was lack of documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tylenol No. 4 with codeine, 300-6 #120 is not medically necessary.

CYCLOBENZAPRINE 10MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second-line option for short-term treatment of acute low back pain and 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 muscle spasm. The clinical

documentation indicated the injured worker had been on the medication for greater than 6 months. There was lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency. Given the above, the request for Cyclobenzaprine 10 mg #90 is not medically necessary.

RESTONE 3-100MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatments, Melatorin and <http://www.drugs.com/search.php?searchterm=tryptophan>.

Decision rationale: Restone is a combination of melatonin and tryptophan. Official Disability Guidelines recommend melatonin for the treatment of insomnia. Drugs.com states that "L-tryptophan has been used in alternative medicine as an aid to treat sleep problems (insomnia), anxiety, depression, premenstrual syndrome, attention deficit disorder, and for smoking cessation and other conditions". There was a lack of documentation of the injured worker's trial and failure of non-pharmacological or over the counter treatment for sleep. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Restone 3-100 mg #30 is not medically necessary.

SENNA/DOCUSATE 50/8.6MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: Per California MTUS when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for 1 month. There was lack of documentation of efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Senna/Docusate 50/8.6 mg #60 is not medically necessary.