

Case Number:	CM14-0044725		
Date Assigned:	07/02/2014	Date of Injury:	02/22/2007
Decision Date:	08/27/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 63 year old female was reportedly injured on 2/22/2007. The mechanism of injury is not listed in the records reviewed. The most recent progress notes dated 3/20/2014 to 6/19/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated straightening of lumbar lordosis, tenderness to spinous process and paraspinal musculature with trigger points, decreased lumbar active range of motion, flexion 30 degrees, extension 10 degrees, left/right lateral bending 20 degrees, negative straight leg raise test, equal and symmetrical reflexes and a stooped gait. No recent diagnostic imaging studies were available for review. The current diagnostics are lumbar stenosis, radiculopathy, degenerative disc disease with low back pain/spasm. Previous treatment includes trigger point injections and medications such as, Norco 10/325 mg, Neurontin 300 mg and Flexeril 5 mg. A request had been made for Norco 10/325 mg #90 with 2 refills, Flexeril 5 mg #60 with 2 refills and Neurontin 300 mg #60 with 2 refills, which were partially certified for Norco #90 with 1 refill and Neurontin #60 with 1 refill in the pre-authorization process on 4/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with acetaminophen. MTUS Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has had chronic pain since 2007 however there was no clinical documentation of improvement in their pain or function with the current regimen therefore the request for Norco 10/325 mg #90 with 2 refills is not medically necessary.

Flexeril 5mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

Decision rationale: The MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain therefore the request for Flexeril 5mg #60 with 2 refills is not medically necessary.

Neurontin 300mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The MTUS Guidelines support Gabapentin (Neurontin) for the first-line of treatment for neuropathic pain, as well as painful diabetic neuropathy and post herpetic neuralgia. Based on the clinical documentation provided, there was no subjective or objective documentation of neuropathic pain or lumbar radiculopathy. The diagnosis listed in the progress notes indicate lumbar stenosis however, there was no recent magnetic resonance imaging (MRI) of the lumbar spine available for review. Given this lack of clinical documentation, the request for Neurontin 300mg #60 with 2 refills is not medically necessary.