

Case Number:	CM14-0062480		
Date Assigned:	07/11/2014	Date of Injury:	12/04/2005
Decision Date:	08/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old male with a 12/4/05 date of injury. At the time (3/21/14) of request for authorization for 90 Tablets of Flexeril 10mg with 2 Refills, 30 Capsules of Neurontin 300mg with 2 Refills, and 90 Tablets of Norco 5/325mg with 2 Refills, there is documentation of subjective (moderate to severe chronic low back pain) and objective (tenderness to palpation over the midline of the lower lumbar spine, decreased lumbar range of motion, and intact motor and sensory functions) findings, current diagnoses (lumbar degenerative disc disease), and treatment to date (ongoing therapy with Norco, Neurontin, and Flexeril since at least 11/1/13 with increase in activities of daily living). Regarding 90 Tablets of Flexeril 10mg with 2 Refills, there is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment. Regarding 30 Capsules of Neurontin 300mg with 2 Refills, there is no documentation of neuropathic pain. Regarding 90 Tablets of Norco 5/325mg with 2 Refills, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Flexeril 10mg with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of a diagnosis of lumbar degenerative disc disease. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of increase in activities of daily living with Flexeril, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Flexeril. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Flexeril since at least 11/1/13, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for 90 Tablets of Flexeril 10mg with 2 Refills is not medically necessary.

30 Capsules of Neurontin 300mg with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN (NEURONTIN) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar degenerative disc disease. In addition, given documentation of increase in activities of daily living with Neurontin, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Neurontin. However, given documentation of subjective (moderate to severe chronic low back pain) and objective (intact motor and sensory functions) findings, there is no documentation of neuropathic pain. Therefore,

based on guidelines and a review of the evidence, the request for 30 Capsules of Neurontin 300mg with 2 Refills is not medically necessary.

90 Tablets of Norco 5/325mg with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar degenerative disc disease. In addition, given documentation of increase in activities of daily living with Norco, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 90 Tablets of Norco 5/325mg with 2 Refills is not medically necessary.