

Case Number:	CM14-0171062		
Date Assigned:	10/23/2014	Date of Injury:	06/04/2010
Decision Date:	03/04/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old male was a warehouse worker when he sustained a cumulative injury on June 4, 2010. The injury occurred with unloading trailers and having several heavy objects fall on the injured worker. Past treatment included activity modification, cervical steroid injection at C6-7 with some relief, and transdermal and oral pain, non-steroidal anti-inflammatory, anti-epilepsy, muscle relaxant, and proton pump inhibitor medications. On May 23, 2014, EMG (electromyography)/NCS (nerve conduction study) revealed probable mild right L5/S1 nerve roots irritation of paraspinal muscles, but did not meet the electrodiagnostic criteria of lumbar radiculopathy. There were unobtainable responses of the bilateral superficial peroneal nerves, which may not have clinical significance when symmetric. There was no evidence of bilateral tibial, peroneal, or sural nerve neuropathy, periphery neuropathy or left lumbosacral neuropathy. On Sept 11, 2014, the treating physician noted diffuse neck pain, left upper extremity pain, diffuse thoracic pain, lower back pain, and bilateral lower extremity pain. The pain was partially relieved by the use of pain medications and various types of injection therapy. The pain was appreciably lessened by the current treatment regimen. The injured worker was better able to perform activities of daily living. The injured worker was experiencing no unacceptable adverse effects from the use of his medications. Current medications included transdermal and oral pain, non-steroidal anti-inflammatory; anti-epilepsy, muscle relaxant, and proton pump inhibitor medications. The physical exam of the bilateral upper extremities, bilateral lower extremities, and the spine revealed prominent areas of tenderness to palpation in the regions concordant with the injured worker's described areas of pain. Deep palpation resulted in distal radiation of the

pain. There was decreased stability of the joints, decreased muscle strength of the hip flexor, quadriceps, great toe extensor and plantar flexor muscles; palpable bands in areas of pain, and soft tissue dysfunction and spasm in the lumbar paraspinals region. Diagnoses were lumbosacral spondylosis without myelopathy, cervicalgia, myalgia and myositis, chronic pain syndrome, dysthymic disorder, osteoarthritis, cervical spondylosis without myelopathy, lumbar or lumbosacral disc degeneration, and sleep disturbance. The physician recommended MBRF (Medial Branch Radiofrequency) for L4-L5 and L5-S1 followed by lumbar TPIs (Trigger Point Injections), adjustment of the anti-epilepsy medications, and continuing the remainder of the current medications. On September 29, 2014, Utilization Review modified a prescription for Naproxen Sodium 550mg 1 tab BID PRN (twice a day as needed) #60 Refill: 2, a prescription for Norco 10/325mg 1 tab TID PRN (three times a day as needed) #90 Refill: 2, a prescription for Gabapentin 800mg/tab: 1 tab TID (three times a day) #90 Refill: 2, and Baclofen 10mg tab 1 TID PRN #90 Refill: 2 requested on September 19, 2014. The Naproxen was modified based on the guidelines recommend the lowest dose of NSAIDs (non-steroidal anti-inflammatory drugs) of the shortest period for patients with moderate to severe pain. The Norco was modified based on the guidelines recommend ongoing review and documentation of pain relief, functional status, and appropriate medication use and side effects, to assess the efficacy. Therefore, the refills of Norco are not supported. The Gabapentin was modified based on the guidelines recommendation for the treatment of diabetic painful neuropathy and posterior-herpetic neuralgia, and as a first-line treatment for neuropathic pain. The refills of Gabapentin Norco are not supported. The Baclofen was modified based on muscle relaxants show no benefit beyond NSAIDs in pain and there is no additional benefit shown in combination with NSAIDs. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain guidelines for Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), On-Going Management, and Specific Anti-epilepsy Drugs were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Overturned

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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for NAPROXEN SODIUM 550mg #60. The patient has been utilizing Naproxen since at least 04/07/14. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, there are no reports that specifically discuss this request. There is no indication of how Naproxen has been helpful in terms of decreased pain or functional improvement. None of the reports included in this file discuss medication efficacy. MTUS page 60 requires recording of pain and function when

medications are used for chronic pain. However, this patient does suffer from chronic low back pain for which the use of NSAIDs are indicated per MTUS, the request IS medically necessary.

Norco 10/325mg #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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for NORCO 10/325mg #90. The patient has been utilizing Norco since at least 04/07/14. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater provides a medication agreement. However, there are documentations which specifically discuss all 4A's (analgesia, ADLs, adverse side effects, and adverse behavior). There is no discussion regarding urine drug screens. There are no before and after pain scales showing analgesia; specific ADL's or use of validated instruments showing significant functional improvements. No outcome measures are provided as required by MTUS. Therefore, the request for Norco IS NOT medically necessary and should be slowly tapered per MTUS.

Gabapentin 800mg #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 SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18-19.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for GABAPENTIN 800mg #90. The patient has been utilizing Gabapentin since at least 04/07/14. MTUS guidelines page 18 and 19 states that "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, while the patient presents with neuropathic pain, that of radiculopathy with radiating pain down the legs, the treater does not discuss efficacy in terms of pain and function. MTUS require documentation of at least 40% reduction of pain with initial trial for chronic use of this medication. MTUS page 60 also require recording of pain and function when medication is used for chronic pain. Given the lack of any documentation in any of the reports regarding how this medication has been effective, the requested Gabapentin IS NOT medically necessary.

Baclofen 10mg #90 x 2 refills: 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): 63-66.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for BACLOFEN 10mg #90 WITH 2 REFILLS. The patient has been utilizing Baclofen since at least 04/07/14. MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66, Muscle relaxants (for pain) states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP."The MTUS guidelines state this is for short-term use, and for acute exacerbations of chronic pain. The records did not document an acute exacerbation, and with 2-refills, it does not appear to be used for short-term use. The use of baclofen for long-term use or for chronic pain is not in accordance with MTUS guidelines. The request for Baclofen #90 with 2 refills IS NOT medically necessary.