

Case Number:	CM14-0181741		
Date Assigned:	11/06/2014	Date of Injury:	02/01/2007
Decision Date:	03/04/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/31/2014

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 is a female worker with a date of injury of February 1, 2007. The mechanism of injury is unknown. Diagnoses included cervical spine sprain, peripheral nerve entrapment syndrome of bilateral upper extremities, left elbow fracture, disc degeneration with spinal stenosis, left knee medial meniscal tear, right knee medial meniscal tear and lumbar disc herniation. On December 6, 2013, she underwent a lumbar laminectomy with posterior lumbar interbody fusion and posterior lateral fusion with pedicle screw instrumentation at L4-5 . On June 11, 2014, a CT scan of the lumbar spine revealed 2mm broad posterior disc bulge at L3-4 that was not causing spinal or foraminal stenosis. On October 8, 2014, the injured worker complained of neck pain with radicular symptoms. She reported bilateral lower back pain that radiated down both legs. She also reported burning and stabbing sensations down both of her legs. She had continued bilateral knee pain and reported weakness on the right side of her body. Physical examination of the lumbar spine revealed swelling of the lower back and tenderness of the paraspinal muscles, bilaterally. She had limited range of motion of the lumbar spine. Treatment modalities included physical therapy for the lumbar spine and medications. A retrospective request was made for Flexeril 7.5mg #60, Gabapentin 300mg #60 and Norco 10/325mg #120. On October 24, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flexeril 7.5mg 1 tab po bid prn muscle spasms and sleep #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient evidence to support the Flexeril being continued chronically. The worker had surpassed the recommended 2-3 week duration after acute injury. Also, there was no evidence to suggest the worker was having an acute flare-up of muscle spasm which might have warranted a short course of Flexeril. Regardless, the requested number of pills was for twice daily use for one month, which is not medically necessary.

Retro Gabapentin 300mg 1 tab po bid prn #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medications Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, although there was a history of peripheral nerve entrapment syndrome and lumbar disc disease, and subjective complaints of neck pain with radicular symptoms as well as low back pain with radicular symptoms, there was insufficient objective evidence of any neuropathy as this was not included in the most recent physical examination. Also, there was no documented report found in the recent progress notes stating the measurable functional and pain-reducing benefits directly related to the regular gabapentin use, which is required in order to justify its continuation as requested. Therefore, the gabapentin will be considered medically unnecessary until this is provided.

Retro Norco 10/325mg 1 tab po q 4-6 hrs prn #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation.