

Case Number:	CM14-0186163		
Date Assigned:	11/14/2014	Date of Injury:	09/21/2006
Decision Date:	01/15/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/07/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of September 21, 2006. A utilization review determination dated November 4, 2014 recommends non-certification of ibuprofen, modified certification of Topiramate, non-certification of cyclobenzaprine, and non-certification of glucosamine. Non-certification of ibuprofen was due to the dosage exceeding guideline recommendations, non-certification of cyclobenzaprine was due to the duration of use exceeding the maximum duration recommended by guidelines, and non-certification of glucosamine was recommended due to lack of guideline support for the use of glucosamine in the treatment of low back pain. A progress report dated October 23, 2014 identifies subjective complaints of low back pain rated 3/10. The note indicates that the pain radiates to the patient's pelvis with burning sensation/numbness. The patient is taking ibuprofen 800 mg twice a day, Topiramate 100 mg once a day, cyclobenzaprine 10 mg at night, and glucosamine 500 mg 3 tablets per day. No G.I. side effects are reported from the patient's medication regimen. The note indicates that sleep has improved with mirtazapine and cyclobenzaprine Q HS. Physical examination findings revealed tenderness to palpation in the lumbar spine with an antalgic gait. Diagnoses include pelvic fracture, postoperative chronic pain, lumbar sprain/strain, sexual deviation, and poor coping with chronic pain. The treatment plan recommends continuing the current medications and follow up with the psychiatrist. A Topiramate request indicates that antiepilepsy drugs are recommended for neuropathic pain. A request for cyclobenzaprine states that the medication is not recommended to be used for longer than 2-3 weeks. A request for nonsteroidal anti-inflammatory drugs states that NSAIDs "are recommended for acute exacerbations of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ibuprofen 800mg, #100 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin is not medically necessary.

1 prescription of Topiramate 100mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21.

Decision rationale: Regarding request for Topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Topiramate (Topamax) is not medically necessary.

1 prescription of Cyclobenzaprine 10mg, #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

1 prescription of Glucosamine 500mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Glucosamine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 50.

Decision rationale: Regarding the request for glucosamine, CA MTUS states that it is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Guidelines do not support the use of glucosamine in the treatment of low back pain. Within the documentation available for review, there is no indication of subjective/objective/imaging findings consistent with osteoarthritis of the knee for which the use of glucosamine would be supported by the CA MTUS. Additionally, there is no documentation of analgesic efficacy or objective functional improvement as a result of the use of this medication. In the absence of such documentation, the currently requested glucosamine is not medically necessary.