

Case Number:	CM14-0193078		
Date Assigned:	11/26/2014	Date of Injury:	03/16/2013
Decision Date:	01/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 37 year-old female. The patient's date of injury is 3/16/2013. The mechanism of injury was pain while loading a vehicle. The patient has been diagnosed with lumbosacral sprain, lumbar radiculopathy, and sciatica. The patient's treatments have included imaging studies, nerve conduction studies, and medications. The physical exam findings dated 2/12/2014 states only, TTP lumbar psm spasms. Notes of 12/12/2013 state the low back is with normal range of motion, some spasms. The lower extremities is neurologically intact without atrophy. She is able to heel walk without pain and leg raise is negative. The patient's medications have included, but are not limited to, Norco, Gabapentin, and Cyclobenzaprine. The request is for the above medications. It is unclear how long the patient has been on these medications, and what the specific and the outcomes included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids, On-Going Management (Ballantyne, 2006).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how much Norco the patient was taking previously, if at all, and what the results/outcome of taking that medication were. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Some documentation of analgesia is noted. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear functional gain that has been documented with this medication. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.

Retro Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) (Browning, 2001).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: MTUS guidelines state the following: Cyclobenzaprine is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Cyclobenzaprine requested is not being used for short term therapy. Following guidelines as listed above, there is no indication for the use of Cyclobenzaprine. At this time, the request is not deemed as a medical necessity.

Retro Gabapentin 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin: Anti-epilepsy drugs (Jensen, 2006).

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

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the above cited guidelines, "Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." There is some documentation that states the patient has a diagnosis of a radicular pain. According to the clinical documentation provided and current MTUS guidelines; Gabapentin is indicated as a medical necessity to the patient at this time.

