

Case Number:	CM14-0201260		
Date Assigned:	12/11/2014	Date of Injury:	09/06/2006
Decision Date:	01/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine and is licensed to practice in New York. 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 injured worker is a 65 year old woman with a date of injury of 9/6/06. She was seen by her treating physician on 10/28/14 in follow up of low back pain radiating to her right lower extremity and pain in both knees. She is status post two lumbar epidural steroid injections and physical therapy. She reported 30% improvement in function and 30% reduction in pain. Her medications included Percocet, Neurontin and Robaxin, all of which are at issue in this review. Her exam was significant for diffuse myofascial tenderness from L3-S1 with 1+ muscle spasms. She had restricted lumbar range of motion with positive right straight leg raise at 45 degrees. Motor tested was 5/5 in the lower extremities and she had "hypesthesia" in the right L5 dermatome. Her knees showed moderate swelling and tenderness with restriction in range of motion. Her diagnoses were low back pain, right lower extremity radicular symptoms, bilateral hip trochanteric bursitis and bilateral knee pain with significant degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 78.

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

Decision rationale: This worker has chronic pain with an injury sustained in 2006. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, muscle relaxants and gabapentin. Gabapentin 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to gabapentin to justify use. The medical necessity of gabapentin is not substantiated in the records.

Robaxin 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: This worker has chronic pain with an injury sustained in 2006. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, muscle relaxants and gabapentin. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/14 fails to document any significant improvement in pain or functional status specifically related to Robaxin to justify use. The medical necessity of cyclobenzaprine is not substantiated in the records.

Percocet 5/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: This worker has chronic pain with an injury sustained in 2006. The medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, muscle relaxants and gabapentin. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document any significant improvement in pain or functional status specifically related to Percocet to justify use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Percocet is not substantiated in the records.

