

Case Number:	CM14-0205367		
Date Assigned:	12/17/2014	Date of Injury:	06/03/2009
Decision Date:	02/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational 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:

Patient is a 49 year-old male with date of injury 06/03/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/23/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Objective findings: Examination of the lumbar spine revealed patient could forward bend 45 degrees. Hyperextending, lateral bending, and twisting were done. There was negative notch. There were 80 degrees of straight leg raise from a seated position with motors intact. Diagnosis: 1. Bulging of lumbar disc 2. Lumbar disc degeneration. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Medication: 1. Norco 10/325mg, #100 SIG: 1q 8h2. Gabapentin 100mg, #210 SIG: 4q 8h3. Flexeril 10mg, #60 SIG: 1q 8h4. Butrans 200mcg SIG: apply 1q 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1q8 hours 30 days Qty 100: 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 9792.20-9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 3 months. The request for Norco 10/325mg 1q8 hours 30 days Qty 100 is not medically necessary.

Gabapentin 100mg 4 q8 hour daily Qty 210 with 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 9792.20-9792.26 Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. The request for Gabapentin 100mg 4 q8 hour daily Qty 210 with 2 refills is not medically necessary.

Flexeril 10mg 1q8 hour Qty 60 with 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 9792.20-9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The request for Flexeril 10mg 1q8 hour Qty 60 with 2 refills is not medically necessary.

Butrans 20mcg apply 1 q 7 days Qty 4 with 1 Refill: 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 9792.20-9792.26 Page(s): 74-94.

Decision rationale: Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 3 months. In addition, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. The request for Butrans 20mcg apply 1 q 7 days Qty 4 with 1 refill is not medically necessary.