

Case Number:	CM15-0002627		
Date Assigned:	01/13/2015	Date of Injury:	11/17/2010
Decision Date:	05/01/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29-year-old male who reported an injury on 11/17/2010. The mechanism of injury was not provided. On 12/09/2014, the injured worker presented with complaints of degeneration of lumbosacral intervertebral disc and displacement of lumbar intervertebral disc without myelopathy. Upon examination, there was stiffness in the low back with spasm. Current medications included Ambien, Flector patches, gabapentin, and cyclobenzaprine. Other therapies included medications, acupuncture, and exercise. The provider recommended Percocet 10/325 mg, cyclobenzaprine 10 mg, Flector patch 1.3%, and gabapentin 800 mg. The provider noted that the medications helped decrease the injured worker's pain by more than 50% and allowed him to maintain his current level of function which included ADLs and a home exercise program. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg quantity 75: 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 Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Percocet 10/325 mg #75 is not medically necessary. The California MTUS Guidelines recommend opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The provider noted that the medication allowed the injured worker to maintain his current level of function which included ADLs and a home exercise program and decreased the injured worker's pain by greater than 50%. A urine drug screen performed on 10/14/2014 was noted to be normal. There is however no evidence of treatment history and length of time the injured worker has been prescribed Percocet. Additionally, a recently signed pain contract was not submitted for review. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, this is not medically necessary.

Cyclobenzaprine 10mg quantity 60: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for cyclobenzaprine 10 mg #60 is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. The provider's request for cyclobenzaprine 10 mg #60 would exceed the guidelines' recommendations of short-term therapy. The provided medical records lack documentation of significant objective functional improvement with the prior use of the medication. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, this is not medically necessary.

Flector patch 1.3% quantity 60: 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 Topical Analgesics Page(s): 111.

Decision rationale: The request for Flector patch 1.3% #60 is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is

not recommended. Many agents are compounded in monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants. There is little to no research to support the use of many of these agents. There is no information on treatment history or length of time the injured worker had been prescribed Flector patches. Additionally, the efficacy of the prior use of the medication was not provided. The site at which the patch was indicated for was not stated in the request as submitted. As such, this is not medically necessary.

Gabapentin 800mg quantity 60: 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
Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The request for gabapentin 800 mg #60 is not medically necessary. California MTUS Guidelines note that relief of pain with the use of gabapentin is generally temporary and measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note that gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for both. There is no mention of muscle weakness or numbness which would indicate neuropathy. Additionally, there was no information on treatment history and length of time the injured worker has been prescribed gabapentin. The request does not indicate the frequency of the medication in the request as submitted. As such, this is not medically necessary.