

Case Number:	CM15-0108779		
Date Assigned:	06/15/2015	Date of Injury:	03/31/2012
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 41-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 31, 2012. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve requests for gabapentin, chlorzoxazone, and a neurosurgery consultation. Partial approval of gabapentin was apparently issued, it was incidentally noted. The claims administrator referenced a May 12, 2015 RFA form and associated May 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said May 12, 2015 RFA form, the attending provider sought authorization for naproxen, Neurontin, Norco, and chlorzoxazone as well as a neurosurgery consultation. In an associated progress note dated May 11, 2015, the applicant reported ongoing complaints of low back pain. The applicant had had a prior single-level lumbar laminectomy surgery in 2013, it was reported. Significant tenderness, muscle spasm, and heightened pain complaints were reported. Naproxen, Lyrica, Neurontin, Norco, 180 tablets of chlorzoxazone, and a neurosurgery consult were endorsed. The applicant's work status was not clearly stated. On April 30, 2015, it was stated that the applicant had a large recurrent herniated intervertebral disk which needed further surgical intervention. 9/10 pain complaints were noted. An average pain score of 7/10 was noted. The applicant was worsened over time, it was reported. The applicant had undergone a recent failed lumbar epidural steroid injection, it was reported. The applicant was overweight, it was acknowledged. The applicant was off of work and had been deemed "disabled," it was reported in the social history section of the note. Positive left-sided straight leg raising was evident. A neurosurgery consultation, Lyrica, naproxen, and the neurosurgery consult were endorsed. The applicant had apparently successfully ceased smoking, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 200 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Gabapentin (Neurontin) Page(s): 7; 49.

Decision rationale: The request for Gabapentin, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, an anticonvulsant adjuvant medication, is a first-line treatment for neuropathic pain, as was present here in the form of the applicant's worsening lumbar radicular pain complaints. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of ACOEM Practice Guidelines also stipulate that an attending provider incorporate some discussion of "side effects" into his choice of recommendations. Here, the prescribing provider stated on May 11, 2015 that he was employing gabapentin to replace previously prescribed Lyrica on the grounds that previously prescribed Lyrica made the applicant sick. Introduction of Gabapentin, thus, was indicated on or around the date in question, May 11, 2015, given the side effects reported with previously prescribed Lyrica. Therefore, the request was medically necessary.

Chlorzoxazone 500 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Conversely, the request for chlorzoxazone, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as chlorzoxazone are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 180-tablet supply of chlorzoxazone at issue suggested chronic, long-term, and six times daily usage, i.e., usage incompatible with the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Consult with neurosurgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 396.

Decision rationale: Finally, the request for a consult with a neurosurgeon was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, counseling regarding likely outcomes, risks, benefits, and expectations is "very important" in applicants in whom surgery is a consideration. Here, the attending provider stated that the applicant had undergone an earlier failed lumbar spine surgery. An April 30, 2015 progress note stated that the applicant had a large recurrent herniated nucleus pulposus requiring further surgery. The applicant had heightened left lower extremity radicular pain complaints evident on that date, it was further noted. Moving forward with the proposed neurosurgery consultation was indicated, as the applicant appeared to have clinical and radiologic evidence of a lesion amenable to surgical correction. Therefore, the request was medically necessary.