

Case Number:	CM15-0016795		
Date Assigned:	02/05/2015	Date of Injury:	06/05/2001
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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 68 year old male, who sustained an industrial injury on 6/5/2001. Details on the initial injury were not submitted for this review. The diagnoses have included status post lumbar L5 fusion 2006, and interbody fusion C4-5 2005, chronic cervicalgia, chronic back pain, cervical and lumbar radiculopathy, bilateral cubital and carpal tunnel syndromes and bilateral basilar joint arthritis. Documentation of prior treatments were not submitted for this review. Currently, the IW complains of continued low back pain with radiation to lower extremities, intermittent neck pain. December 4, 2014, physical examination documented tenderness throughout cervical and lumbar regions bilaterally, positive straight leg test, decreased Range of Motion (ROM). Plan of care included the continuation of previously prescribed medications. On 1/21/2015 Utilization Review modified certification for Norco 10/325mg #60, Flexeril 10mg #20, Neurontin 300mg #60, and Motrin 800mg #30, noting the guidelines suggest long term use is not recommended. The MTUS Guidelines were cited. On 1/29/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #180, Flexeril 10mg #60, Neurontin 300mg #90, and Motrin 800mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #180 Plus 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 12/04/14 progress report, the patient presents with low back pain with radiation to lower extremities, and intermittent neck pain. The request is for NORCO 10/325MG #180. Patient is status post L5 fusion with bone graft on 12/13/06 and status post C4-5 anterior interbody fusion in 2005, per treater report dated 12/04/14. Patient's diagnosis per Request for Authorization form dated 01/15/15 included lumbar intervertebral disc, cervical intervertebral disc, cervicalgia, and neonatal jaundice. The patient's current medications include Norco, Neurontin, Flexeril, and Motrin, which have been prescribed, per treater reports 08/14/14 and 10/09/14 and 12/04/14. Patient's work status is not available. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco has been prescribed, per treater reports 08/14/14. Per progress report dated 12/04/14, treater states "patient's medications are necessary to help manage his musculoskeletal and neuropathic pain, as well as his spasms, such so he can adequately engage in activities of daily living." Patient reports having 40-50% reduction of pain with medications. Treater reports the patient "is able to stand for approximately 4 hours before rest with the use of his medications, whereas without his medications, his tolerance for activities is limited to 2 hours." The patient denies any side effects from medications. Saliva screening result performed on 06/19/14 was consistent with patient's medication regimen. Treater states patient has not exhibited any aberrant behavior, and opioid pain contract has been signed. In this case, treater has documented decrease in pain and improvement in function with the use of this medication. However, in addressing the 4A's, no documentation or discussion of urine drug screen was provided. Therefore, the request IS NOT medically necessary.

Flexeril 10 MG #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: Based on the 12/04/14 progress report, the patient presents with low back pain with radiation to lower extremities, and intermittent neck pain. The request is for FLEXERIL 10MG #60. Patient is status post L5 fusion with bone graft on 12/13/06 and status post C4-5 anterior interbody fusion in 2005, per treater report dated 12/04/14. Patient's diagnosis

per Request for Authorization form dated 01/15/15 included lumbar intervertebral disc, cervical intervertebral disc, cervicgia, and neonatal jaundice. The patients current medications include Norco, Neurontin, Flexeril, and Motrin, which have been prescribed, per treater reports 08/14/14 and 10/09/14 and 12/04/14. The patient denies any side effects from medications. Patient's work status is not available. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Per progress report dated 12/04/14, the patient has been taking Flexeril for muscle spasm and reported "40-50% decrease in pain with no adverse effects." However, guidelines do not indicate prolonged use of this medication due to diminished effect, dependence, and reported abuse. Cyclobenzaprine in the form of Flexeril has been prescribed at least since 08/14/14. Furthermore, the request for quantity 60 does not indicate intended short term use of this medication. Therefore, the request IS NOT medically necessary.

Neurontin 300 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: Based on the 12/04/14 progress report, the patient presents with low back pain with radiation to lower extremities, and intermittent neck pain. The request is for NEURONTIN 300MG #90. Patient is status post L5 fusion with bone graft on 12/13/06 and status post C4-5 anterior interbody fusion in 2005, per treater report dated 12/04/14. Patient's diagnosis per Request for Authorization form dated 01/15/15 included lumbar intervertebral disc, cervical intervertebral disc, cervicgia, and neonatal jaundice. Patient's diagnosis on 12/04/14 included cervical and lumbar radiculopathy. The patients current medications include Norco, Neurontin, Flexeril, and Motrin, which have been prescribed, per treater reports 08/14/14 and 10/09/14 and 12/04/14. The patient denies any side effects from medications. Patient's work status is not available. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) 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." Neurontin was prescribed in progress reports dated 08/14/14, 10/09/14 and 12/04/14. Treater states medication use reduces the patient's pain by 40-50%. The patient denies any side effects. Given patient's diagnosis and benefit from medication, the request appears reasonable and indicated by guidelines. Therefore, the request for Neurontin IS medically necessary.

Motrin 800 MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 12/04/14 progress report, the patient presents with low back pain with radiation to lower extremities, and intermittent neck pain. The request is for MOTRIN 800MG #30. Patient is status post L5 fusion with bone graft on 12/13/06 and status post C4-5 anterior interbody fusion in 2005, per treater report dated 12/04/14. Patient's diagnosis per Request for Authorization form dated 01/15/15 included lumbar intervertebral disc, cervical intervertebral disc, cervicalgia, and neonatal jaundice. The patient's current medications include Norco, Neurontin, Flexeril, and Motrin, which have been included in prescribed, per treater reports 08/14/14 and 10/09/14 and 12/04/14. The patient denies any side effects from medications. Patient's work status is not available. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Motrin was prescribed in progress reports dated 08/14/14, 10/09/14 and 12/04/14. Treater states medication use reduces the patient's pain by 40-50%. The patient denies any side effects. On progress report dated 12/04/14, treater reports the patient "is able to stand for approximately 4 hours before rest with the use of his medications, whereas without his medications, his tolerance for activities is limited to 2 hours." The request for Motrin appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.