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| Case Number: | CM15-0141435 | | |
| Date Assigned: | 07/31/2015 | Date of Injury: | 07/19/2011 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/14/2015 |
| Priority: | Standard | Application Received: | 07/21/2015 |

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: Emergency 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:

This 31 year old man sustained an industrial injury on 7-19-2011. The mechanism of injury is not detailed. Diagnoses include lumbar spine pain, sciatica, and right knee internal derangement. Treatment has included oral medications, home exercise program, and TENS unit use at home. Physician notes dated 5-5-2015 show complaints of low back pain with radiation down the lower extremities. The worker rates his pain 6 out of 10 without medications and 4 out of 10 with medications. Recommendations include Flexeril, Norco, Neurontin, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18-19.

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

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication chronically with no documentation of actual benefit. There is no documentation of any objective improvement with only some vague reports of subjective improvement. Gabapentin is not medically necessary.

Norco 10/325mg #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80,91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen with hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. Patient has documented improvement of VAS from 6/10 to 4/10 with medications. However, there is no objective documentation of improvement in pain or function. There is no documentation of monitoring of side effects or risk of abuse, There is no documentation of urine drug screen or opioid agreement. There is no long term plan documented. The number of refills is not appropriate and does not meet MTUS criteria for appropriate monitoring. Norco with refills is not medically necessary.

Norflex 100mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

Decision rationale: Norflex is an anti-spasmodic type muscle relaxant. As per MTUS Chronic pain guidelines, muscle relaxants have some benefit for pain but data to support its use is very limited. It should be used with caution. As per MTUS guidelines, Norflex has an unknown mechanism of action and limited data to show efficacy. There is some risk of euphoria and side effects. Pt appears to be on this chronically. However, there is no documentation of objective improvement with only subjective improvement documented, Norflex is not recommended. Norflex is not medically necessary.