MAXIMUS Federal Services

Case Number:	CM15-0166121		
Date Assigned:	09/03/2015	Date of Injury:	03/10/2006
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, Michigan
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 injured worker is a 57-year-old male, who sustained an industrial injury on 3-10-06. The injured worker was diagnosed as having lumbar disc disorder, lumbar radiculopathy, low back pain, cervical facet syndrome, lumbar facet syndrome and cervical pain. Treatment to date has included oral medications including Flexeril 10mg, Motrin 800mg, Neurontin 100mg, Percocet 5-325mg; topical Flector 1.3%patch, chiropractic treatment and home exercise program. Currently on 7-31-15, the injured worker complains of a lower backache rated 8 out of 10 with pain medications and 10 out of 10 without pain medications. It is noted on 3-20-15, the injured worker rated his pain 6 out of 10 with medications and 8 out of 10 without medications. He notes his sleep quality is good. Work status is noted to be permanent and stationary and he is working part time. Physical exam performed on 7-31-15 revealed an antalgic gait, tenderness of paravertebral muscles with taught muscle band and tenderness and spasm of paravertebral muscles with a tight muscle band along with tenderness over the posterior iliac spine on left sacroiliac spine left paravertebral muscles. Restricted range of motion of cervical and lumbar spine is also noted. The treatment plan included continuation of Percocet 5-325mg #75, Flexeril 10mg, Ibuprofen 300mg, Flector patches and Neurontin 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #75 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the CA MTUS, Percocet (Oxycodone-Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional status, or response to ongoing opioid analgesic therapy. The pain has worsened since visit of 3-20-15. It is unclear how long the injured worker has utilized Percocet; however, he has received it at least since 2-19-15. A urine drug screen performed on 2-19-15 was inconsistent with medications prescribed, as Oxycodone was not detected. It is also noted he is working part time. Medical necessity of the requested medication has not been established. The requested treatment with Percocet 5-325 mg is not medically necessary.

Neurontin 100mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: According to the CA MTUS (2009), Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records document that the patient has neuropathic pain related to his chronic low back condition. Neurontin has been part of his medical regimen. However, the records did not indicate improvement in pain or function with use of Neurontin. A urine drug screen performed on 2-19-15 was consistent with use of Neurontin. The requested medication is not recommended and medical necessity has not been established. The request is not medically necessary.

Motrin 800mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Motrin (Ibuprofen) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. The documentation indicates the claimant has had significant cervical pain and low back pain with

radiculopathy. It is unclear how long the injured worker has utilized Motrin; however, he has received prescriptions for Motrin since at least 2-19-15. Documentation does not support improvement in pain or function with the use of this specific medication. Medical necessity for the requested item has not been established. The requested NSAID is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records show that the patient has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use, as spasms are noted on physical exam. It is unclear how long the injured worker has utilized Flexeril; however, it has been prescribed at least since 2-19-15. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Flector 1.3%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines, Topical Non-steroidal Anti-inflammatory Drug (NSAIDs) are used for the treatment of osteoarthritis and tendonitis, in particular, knee and elbow joints that are amenable to topical treatment. There is little evidence that supports topical NSAIDs as a treatment option for spine and shoulder conditions. The duration of effect is for a short-term use (4-12 weeks) with reported diminished effectiveness over time. In addition, there is no indication for the treatment of chronic pain with both oral and topical non-steroidal anti-inflammatory medications. The documentation indicates that this patient has chronic neck and low back pain. He is maintained on medical therapy, which includes an oral non-steroidal anti-inflammatory medication, Opioid and muscle relaxant. The injured worker has received Flector Patches since at least 2-19-15 without documentation of improved pain and function with the use of Flector patch. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.