

Case Number:	CM15-0180237		
Date Assigned:	09/22/2015	Date of Injury:	01/12/2010
Decision Date:	10/26/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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, California
 Certification(s)/Specialty: Family Practice

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 30 year old male sustained an industrial injury on 1-12-10. Documentation indicated that the injured worker was receiving treatment for cervical and lumbar myofascial pain with intervertebral disease and radiculitis and right shoulder sprain and strain. In a PR-2's dated 5-7-15 and 7-6-15, the injured worker rated his pain 8 out of 10 on the visual analog scale without medications. In a PR-2 dated 6-4-15, the injured worker rated his pain 4-6 out of 10 without medications. In a PR-2 dated 8-4-15, the injured worker complained of ongoing pain rated 8 out of 10 on the visual analog scale without medications and 3 to 4 out of 10 with medications. The injured worker stated that Baclofen did not improve his symptoms and that he wanted to get back on Flexeril. Physical exam was remarkable for spinal restriction and subluxation at the occiput, C1-C3, L3-L5 and right shoulder with tenderness to palpation and spasms to the cervical spine, right shoulder and lumbar spine. The injured worker had neck pain with movement in all axes. The injured worker had been prescribed Naproxen Sodium, Flexeril, Norco and Gabapentin since at least 4-9-15. The treatment plan included prescriptions for Norco, Flexeril, Naproxen Sodium and Gabapentin. On 8-26-15, Utilization Review modified a request for Norco 10-325mg #90 to Norco 10-325mg #19, Flexeril 10mg #60 to Flexeril 10mg #28 and Gabapentin 600mg #60 to Gabapentin 600mg #13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: 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 for neuropathic pain, Opioids for chronic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Flexeril, Gabapentin and Naproxen. Weaning or Tricyclic failure is not mentioned. Pain reduction attributed to Norco cannot be determined. Chronic use of short-acting opioids such as Norco is not medically necessary.

Flexeril 10 MG #60: 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).

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with NSAIDS and opioids. Symptom improvement attributed to Flexeril cannot be determined. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.

Gabapentin 600 MG #60: Overturned

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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation J Back Musculoskelet Rehabil. 2009; 22 (1): 17-20. doi: 10.3233/BMR-2009-0210. Gabapentin monotherapy in patients with chronic radiculopathy: the efficacy and impact on life quality. Yildirim K1, Deniz O, Gureser G, Karatay S, Ugur M, Erdal A, Senel K.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radicular symptoms. Use of Gabapentin for chronic symptoms does improve overall function as noted in the referenced literature. The continued use is appropriate. Therefore, the request is medically necessary.