

Case Number:	CM15-0183039		
Date Assigned:	10/01/2015	Date of Injury:	09/19/2005
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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: New Jersey

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:

The injured worker is a 67 year old male with an industrial injury date of 09-19-2005. Medical record review indicates he is being treated for cervical disc injury, lumbar disc injury, right sacral 1 radiculopathy and lumbar facet arthralgia. Subjective complaints (06-17-2015) included low back pain into the right lower extremity. The treating physician documented the injured worker had improvement with the use of Skelaxin "which helps with spasticity." The treating physician also indicated Tramadol and lumbar support helped provide relief for low back pain. "He has no sedation or constipation with medications." Medical record review does not indicate limitations or improvement of activities of daily living. He is rated "permanent and stationary." His medications included Tramadol since at least 03-16-2015, Skelaxin since at least 03-16-2015 and Neurontin since at least 06-17-2015. He was also using Flector patch, Vicodin and Voltaren. Other prior medications included Prilosec and Ibuprofen. Prior treatments included Synvisc One injections, epidural steroid injections, home exercise program and medications. Physical exam (06-17-2015) documented moderate pain over the cervical 4-cervical 5 level with flexion rotations and "moderate" pain upon left rotation referring to the left side. Lumbar spine exam was positive for bilateral seated straight leg raise at 90 degrees with pain referring to the left hamstring region. In the 08-25-2015 note the injured worker's pain level is documented as 8-9 out of 10 without medications and 7 out of 10 with medications. Medical record review does not indicate urine drug screening or drug monitoring. On 09-09-2015 utilization review issued the following decisions for the requested treatments:- Ultram 50 mg, #60 with 6 refills - modified to Ultram 50 mg # 30 for weaning.- Skelaxin 100 mg, #60 with 6 refills - modified to Skelaxin 100 mg # 30 for weaning.- Neurontin 100 mg, #90 with 6 refills - modified to Neurontin 100 mg # 45 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg, #90 with 6 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): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was report of having used Neurontin regularly leading up to this request for an unspecified amount of time. However, among the notes made available for review, there was no report found showing a reduction in neuropathy related to the injury or measurable improvement in function related to its regular use, which is important in order to help justify its continuation. Therefore, without this evidence of benefit, this request for Neurontin is not medically necessary. Weaning may be indicated.

Ultram 50mg, #60 with 6 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, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation provided from recent notes to clearly show this full review regarding Ultram was completed. There was no report found which included a measurable pain level reduction and functional gains directly related to the Ultram use, which might have helped to justify its continuation. Without this evidence of benefit, this request for Ultram is not medically necessary. Weaning may be indicated.

Skelaxin 100mg, #60 with 6 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): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although muscle spasm was recently reported, there was record of having used Skelaxin regularly leading up to this request, which is not a recommended use for this medication class. Also, the request suggests an intention to continue to use this medication on a chronic basis. Also, there was no report found in the notes provided which mention how effective Skelaxin was at improving function. Therefore, considering all of the above, the request for Skelaxin is not medically necessary.