

Case Number:	CM15-0189132		
Date Assigned:	10/01/2015	Date of Injury:	12/01/2008
Decision Date:	12/04/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania

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 48 year old male, who sustained an industrial injury on 12-1-2008. He reported a low back injury from heavy lifting activity. Diagnoses include intractable lumbar pain, lumbar radiculopathy, chronic cervical pain, depression, anxiety, and hypertension. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture and epidural steroid injections. Currently, he complained of ongoing low back pain with radiation down bilateral lower extremities. Current medications included Norco, BuTrans, Gabapentin, and Norflex, all prescribed for approximately six months. Pain was rated 7 out of 10 VAS with medication and 10 out of 10 VAS without medication. The medical records indicated he is a candidate for lumbar spine surgery, however, had co-morbidities that were being addressed before that would happen. On 8-18-15, the physical examination documented observation of uncomfortable ambulation with antalgic gait using a single pointed cane. There was muscle spasm and tenderness over the lumbar spine with decreased range of motion and decreased sensation over bilateral lower extremities. The plan of care included continuation of previously prescribed medications. The appeal requested authorization for Norco 7.5mg #60; Neurontin 300mg #180; Butrans Patch 10mg #4; and Norflex 100mg #60. The Utilization Review dated 8- 27-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mg #4: 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 guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. The progress notes indicate some improvement in pain from 10 to 7 on 0-10 VAS from all medications combined. There is no documentation of any functional improvement in response to opioids. Therefore Butrans patch cannot be considered medically necessary and appropriate. The record did mention the absence of side effects but there was no discussion of the presence or absence of aberrant drug behavior which must be documented with the continued use of opioids. The request is not medically necessary.

Neurontin 300mg #180: 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: According to the MTUS, antiepileptic drugs are recommended for neuropathic pain but most randomized controlled trials have been directed at postherpetic neuralgia and painful polyneuropathy. Few RCT's have been directed at central pain and none for painful radiculopathy. According to the MTUS, "there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." Gabapentin (Neurontin), has shown benefit in lumbar spinal stenosis in a pilot study. "After initiation of therapy there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use." In this particular case, the worker has been receiving Neurontin for several months but there has been no documentation of functional improvement to justify the continued use of Neurontin. Therefore this request is not medically necessary.

Norflex 100mg #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): Muscle relaxants (for pain).

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patient's with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Norflex are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Norflex is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. This worker has been receiving this medication for several months along with other medications to manage his chronic pain which is not an appropriate use of this medication. It is not likely that this medication is providing any benefit in addition to his other medications but if so, it has not been adequately documented in terms of improvement in function and pain specifically related to the Norflex. Therefore this request is not medically necessary.

Norco 7.5/325mg #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): Opioids, criteria for use.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. The progress notes indicate some improvement in pain from 10 to 7 on 0-10 VAS from all medications combined. There is no documentation of any functional improvement in response to opioids. Therefore Norco cannot be considered medically necessary and appropriate. The record did mention the absence of side effects but there was no discussion of the presence or absence of aberrant drug behavior which must be documented with the continued use of opioids. The request is not medically necessary.