

Case Number:	CM15-0193779		
Date Assigned:	10/07/2015	Date of Injury:	03/04/2008
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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 60 year old male, who sustained an industrial injury on 3-4-2008. Medical records indicate the worker is undergoing treatment for lumbar 2-5 laminectomy in 2008 with post lumbar laminectomy syndrome, lumbosacral disc degeneration and displacement without myelopathy. A recent progress report dated 9-23-2015, reported the injured worker complained of a recent fall at home and an increase of his low back pain and lower extremity pain, rated 7 out of 10. Physical examination revealed negative straight leg raise test, absent reflexes in the knees and ankles and no extensor hallucis weakness. Treatment to date has included physical therapy approval, but no recent physical therapy at this time and medication management. The physician is requesting Norco, Colace 100mg #60 with 5 refills, Cyclobenzaprine 10mg #20 with 5 refills, Gabapentin 300 mg with 5 refills and Ibuprofen 800mg #90 with 5 refills. On 10-1-2015, the Utilization Review modified the request for Colace 100mg #60 with 5 refills to no refills, Cyclobenzaprine 10mg #20 with 5 refills to no refills, Gabapentin 300 mg with 5 refills to 1 refill and Ibuprofen 800mg #90 with 5 refills to one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient was previously provided with a sufficient quantity of narcotics to be weaned from opioids which makes a laxative not medically necessary. The original reviewer modified the request to exclude all refills. Colace 100 mg #60 with 5 refills is not medically necessary.

Cyclobenzaprine 10 mg #20 with 5 refills: Upheld

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

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

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The original reviewer modified the request to exclude all refills. Cyclobenzaprine 10 mg #20 with 5 refills is not medically necessary.

Gabapentin 300 mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. The original reviewer modified the request to include only one refill. Gabapentin 300 mg #60 with 5 refills is not medically necessary.

Ibuprofen 800 mg #90 with 5 refills: Upheld

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

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

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The original reviewer modified the request to include only one refill. Ibuprofen 800 mg #90 with 5 refills is not medically necessary.