

Case Number:	CM15-0195248		
Date Assigned:	10/09/2015	Date of Injury:	03/25/2013
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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: Physical Medicine & Rehabilitation

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 is a 41-year-old male with a date of injury of March 25, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of lumbar intervertebral disc, lumbar radiculopathy, osteoarthritis of spinal facet joint, lumbar spinal stenosis, neck pain, and lumbar post laminectomy syndrome. Medical records dated July 14, 2015 indicate that the injured worker complained of chronic lower back pain rated at a level of 8 to 9 out of 10 and 5 to 7 out of 10 with medications, and increased left shoulder pain and neck pain with reduced range of motion. Records also indicate that the injured worker complained of nausea, blurred vision, and headaches, and that the medications "Continue to keep pain within a manageable level to allow patient to complete necessary activities of daily living". A progress note dated August 17, 2015 documented complaints of chronic lower back pain rated at a level of 10 out of 10 and 6 out of 10 with medications. Per the treating physician (July 14, 2015), the employee has not returned to work. The physical exam dated July 14, 2015 reveals severe tenderness and tightness of the cervical region, decreased range of motion of the cervical spine with dysesthesia radiating to the top of the head and eyes, positive Spurling's, spasm of the cervical region, severe tenderness to palpation of the lumbar region, unable to perform straight leg raising, decreased range of motion of the lumbar spine, constant hypoesthesia along both lower extremities, sciatic pain down the right leg and left gluteal area, dysesthesia on bilateral legs, and hypoesthesia down the bilateral arms and fingers. The progress note dated August 17, 2015 documented a physical examination that showed no changes since the examination performed on July 14, 2015. Treatment has included lumbar discectomy, medications (Percocet

10-325mg, Flexeril 10mg, Ibuprofen 800mg, MS Contin 15mg, Trazodone 50mg, and Prilosec 20mg since at least April of 2015), epidural steroid injections, and home exercise. The original utilization review (September 21, 2015) partially certified a request for Ibuprofen 600mg #60 (original request for 800mg #90), Flexeril 10mg #30 for weaning (original request for #90), and Neurontin 300mg #180 for weaning (original request for #270).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen (Motrin) 600mg #90: Overturned

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): Anti-inflammatory medications.

Decision rationale: Based on the 07/14/15 progress report provided by treating physician, the patient presents with pain to low back, neck and left shoulder. The patient is status post lumbar discectomy in November 2014. The request is for Ibuprofen (Motrin) 600mg #90. RFA with the request not provided. Patient's diagnosis 07/14/15 includes degeneration of lumbar intervertebral disc, lumbar radiculopathy L3-4, L4-5 with nerve root impingement on 11/05/14, spinal stenosis of lumbar region, and osteoarthritis of spinal facet joint L5-S1. Physical examination to the lumbar spine on 07/14/15 revealed severe tenderness to palpation, inability to perform straight leg raising, decreased range of motion, hypoesthesia along both lower extremities, and sciatic pain down the right leg and left gluteal area. Examination of the cervical spine revealed spasm and severe tenderness and tightness, decreased range of motion, dysesthesia radiating to the top of the head and eyes, and positive Spurling's. Treatment to date has included surgery, imaging studies, epidural steroid injections, physical therapy, home exercise program and medications. Patient's medications include Ibuprofen, Flexeril, Neurontin, Percocet, MS Contin, Trazodone and Prilosec. The patient may work with restrictions, per 07/21/15 report. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Ibuprofen (Motrin) has been included in patient's medications per progress reports dated 11/27/13, 07/14/15, and 09/16/15. It is not known when this medication was initiated. Progress report dated 07/14/15 states patient's pain is rated 5-7/10 with and 8-9/10 without medication. Per 08/17/15 report, treater states, "chronic pain medication maintenance regimen benefit includes reduction of pain, increased activity tolerance and restorative overall functioning. Chronic pain medication regimen and rest continue to keep pain within a manageable level allowing patient to complete necessary activities of daily living." In this case, the patient is post-operative and continues with chronic pain for which Motrin is indicated. Treater has documented benefit from medication. Continuing Motrin at the treater's discretion appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Cyclobenzaprine (Flexeril) 10mg #90: 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): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: Based on the 07/14/15 progress report provided by treating physician, the patient presents with pain to low back, neck and left shoulder. The patient is status post lumbar discectomy in November 2014. The request is for Cyclobenzaprine (Flexeril) 10MG #90, and left shoulder. The patient is status post lumbar discectomy in November 2014. The request is for Ibuprofen (Motrin) 600MG #90. RFA with the request not provided. Patient's diagnosis 07/14/15 includes degeneration of lumbar intervertebral disc, lumbar radiculopathy L3-4, L4-5 with nerve root impingement on 11/05/14, spinal stenosis of lumbar region, and osteoarthritis of spinal facet joint L5-S1. Physical examination to the lumbar spine on 07/14/15 revealed severe tenderness to palpation, inability to perform straight leg raising, decreased range of motion, hypoesthesia along both lower extremities, and sciatic pain down the right leg and left gluteal area. Examination of the cervical spine revealed spasm and severe tenderness and tightness, decreased range of motion, dysesthesia radiating to the top of the head and eyes, and positive Spurling's. Treatment to date has included surgery, imaging studies, epidural steroid injections, physical therapy, home exercise program and medications. Patient's medications include Ibuprofen, Flexeril, Neurontin, Percocet, MS Contin, Trazodone and Prilosec. The patient may work with restrictions, per 07/21/15 report. MTUS, Soma, Muscle relaxants (for pain) section, pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy...Carisoprodol (Soma, Soprodon 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Flexeril (Cyclobenzaprine) has been included in patient's medications per progress reports dated 11/27/13, 07/14/15, and 09/16/15. It is not known when this medication was initiated. Progress report dated 07/14/15 states patient's pain is rated 5-7/10 with and 8-9/10 without medication. Per 08/17/15 report, treater states "chronic pain medication maintenance regimen benefit includes reduction of pain, increased activity tolerance and restorative overall functioning. Chronic pain medication regimen and rest continue to keep pain within a manageable level allowing patient to complete necessary activities of daily living." However, MTUS recommends antispasmodic agents such as Cyclobenzaprine, only for a short period (no more than 2-3 weeks). In this case, the patient has been prescribed Soma at least since 11/27/13, which more than 9 months from UR date of 09/21/15. Furthermore, the request for quantity 90 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Neurontin 300mg #270: Overturned

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

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

Decision rationale: Based on the 07/14/15 progress report provided by treating physician, the patient presents with pain to low back, neck and left shoulder. The patient is status post lumbar discectomy in November 2014. The request is for Neurontin 300mg #270, and left shoulder. The patient is status post lumbar discectomy in November 2014. The request is for Ibuprofen (Motrin) 600mg #90. RFA with the request not provided. Patient's diagnosis 07/14/15 includes degeneration of lumbar intervertebral disc, lumbar radiculopathy L3-4, L4-5 with nerve root impingement on 11/05/14, spinal stenosis of lumbar region, and osteoarthritis of spinal facet joint L5-S1. Physical examination to the lumbar spine on 07/14/15 revealed severe tenderness to palpation, inability to perform straight leg raising, decreased range of motion, hypoesthesia along both lower extremities, and sciatic pain down the right leg and left gluteal area. Examination of the cervical spine revealed spasm and severe tenderness and tightness, decreased range of motion, dysesthesia radiating to the top of the head and eyes, and positive Spurling's. Treatment to date has included surgery, imaging studies, epidural steroid injections, physical therapy, home exercise program and medications. Patient's medications include Ibuprofen, Flexeril, Neurontin, Percocet, MS Contin, Trazodone and Prilosec. The patient may work with restrictions, per 07/21/15 report. MTUS, Anti-epilepsy drugs (AEDs) Section, pages 18 and 19 has the following regarding Gabapentin: "Gabapentin(Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post- therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." Gabapentin (Neurontin) has been included in patient's medications per progress reports dated 11/27/13, 07/14/15, and 09/16/15. It is not known when this medication was initiated. Progress report dated 07/14/15 states patient's pain is rated 5-7/10 with and 8-9/10 without medication. Per 08/17/15 report, treater states, "chronic pain medication maintenance regiment benefit includes reduction of pain, increased activity tolerance and restorative overall functioning. Chronic pain medication regimen and rest continue to keep pain within a manageable level allowing patient to complete necessary activities of daily living." In this case, the patient is post-operative and continues with radicular pain for which Gabapentin is indicated. Treater has documented benefit from medication. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.