

Case Number:	CM15-0199341		
Date Assigned:	10/14/2015	Date of Injury:	02/20/2002
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/09/2015

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: Emergency 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 44 year old male who sustained an industrial injury on 2-20-02. A review of the medical records indicates he is undergoing treatment for lumbago, post lumbar laminectomy syndrome, and chronic pain syndrome. Medical records (7-8-15 to 9-8-15) indicate ongoing complaints of lower back pain and neck pain. He rates his pain "7 out of 10" and describes it as "pins and needles, electric, and shooting". On 9-8-15, he also reports that he has had increased back pain above the surgical site. He describes the pain as "pins and needles", as well as "feelings of cramps at night". He reports that he is averaging 4 hours of sleep per night. The physical exam (9-8-15) reveals a "well-healed incision" on the lumbar spine with "significant scarring extending up to about the L2 vertebral body". Tenderness is noted over the lumbar paraspinal muscles. The treating provider states "he has hypertonicity along with myofascial pain and tenderness on both sides". Tenderness to palpation is noted over the L1 vertebral body level. He also has tenderness to palpation over the posterior and superior iliac spines. Sensory deficits are noted in the arms and his mid upper back. Diagnostic studies have included a urine drug screen on 7-8-13, which is noted to be "consistent" with prescribed medications. Treatment has included use of ice and heat, a home exercise program, and medications. His medications include Norco 10-325mg up to three times daily as needed, Phenergan 25mg daily as needed, and Baclofen 10mg twice daily as needed. A prescription for Horizant ER 600mg, 2 tablets at bedtime was ordered on 9-8-15. The injured worker has been receiving Norco since, at least, 4-9-14. The utilization review (9-23-15) includes requests for authorization of one prescription of Norco 10-325mg #90 with one refill, one prescription of Baclofen 10mg #30, and one prescription of Horizant ER 600mg #60 with two refills. The Norco was modified to a quantity of 60. Baclofen and Horizant ER were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: The requested Norco 10/325mg, #90 with 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has post-laminectomy syndrome, and complains of increased back pain above the surgical site. He describes the pain as "pins and needles", as well as "feelings of cramps at night". He reports that he is averaging 4 hours of sleep per night. The physical exam (9-8-15) reveals a "well-healed incision" on the lumbar spine with "significant scarring extending up to about the L2 vertebral body". Tenderness is noted over the lumbar paraspinal muscles. The treating provider states, "he has hypertonicity along with myofascial pain and tenderness on both sides". Tenderness to palpation is noted over the L1 vertebral body level. He also has tenderness to palpation over the posterior and superior iliac spines. Sensory deficits are noted in the arms and his mid upper back. Diagnostic studies have included a urine drug screen on 7-8-13, which is noted to be "consistent" with prescribed medications. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Norco 10/325mg, #90 with 1 refill is not medically necessary.

Baclofen 10mg, #30: 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 requested Baclofen 10mg, #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has post-laminectomy syndrome, and complains of increased back pain above the surgical site. He describes the pain as "pins and

needles", as well as "feelings of cramps at night". He reports that he is averaging 4 hours of sleep per night. The physical exam (9-8-15) reveals a "well-healed incision" on the lumbar spine with "significant scarring extending up to about the L2 vertebral body". Tenderness is noted over the lumbar paraspinous muscles. The treating provider states, "he has hypertonicity along with myofascial pain and tenderness on both sides". Tenderness to palpation is noted over the L1 vertebral body level. He also has tenderness to palpation over the posterior and superior iliac spines. Sensory deficits are noted in the arms and his mid upper back. Diagnostic studies have included a urine drug screen on 7-8-13, which is noted to be "consistent" with prescribed medications. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 10mg, #30 is not medically necessary.

Horizant ER (extended release) 600mg, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Horizant (gabapentin enacarbil ER).

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

Decision rationale: The requested Horizant ER (extended release) 600mg, #60 with 2 refills, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage, and outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The injured worker has post-laminectomy syndrome, and complains of increased back pain above the surgical site. He describes the pain as "pins and needles", as well as "feelings of cramps at night". He reports that he is averaging 4 hours of sleep per night. The physical exam (9-8-15) reveals a "well-healed incision" on the lumbar spine with "significant scarring extending up to about the L2 vertebral body". Tenderness is noted over the lumbar paraspinous muscles. The treating provider states "he has hypertonicity along with myofascial pain and tenderness on both sides". Tenderness to palpation is noted over the L1 vertebral body level. He also has tenderness to palpation over the posterior and superior iliac spines. Sensory deficits are noted in the arms and his mid upper back. Diagnostic studies have included a urine drug screen on 7-8-13, which is noted to be "consistent" with prescribed medications. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Horizant ER (extended release) 600mg, #60 with 2 refills is not medically necessary.