

Case Number:	CM15-0200957		
Date Assigned:	10/16/2015	Date of Injury:	04/28/2014
Decision Date:	12/01/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/13/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 52 year old male sustained an industrial injury on 4-28-14. Documentation indicated that the injured worker was receiving treatment for lumbago. Previous treatment included chiropractic therapy, acupuncture and medications. Magnetic resonance imaging lumbar spine (2-4-15) showed disc degeneration with disc protrusion at L1-2 and L5-S1. In a PR-2 dated 5-19-15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremities, rated 5 out of 10 on the visual analog scale. The injured worker also complained of abdominal pain that he attributed to ibuprofen. The treatment plan included discontinuing Ibuprofen and initiating Neurontin. In a PR-2 dated 7-13-15, the injured worker complained of pain rated 7 to 8 out of 10. In an initial consultation dated 7-27-15, the injured worker complained of low back pain with radiation to bilateral lower extremities, rated 5 to 7 out of 10 without medications and 3 to 5 with medications. Physical exam was remarkable for painful lumbar range of motion: forward flexion 60 degrees, extension 25 degrees, bilateral lateral flexion 45 degrees and bilateral rotation 35 degrees, 5 out of 5 bilateral lower extremity strength, intact lower extremity sensation, positive bilateral straight leg raise and positive left Fabere's sign. The physician documented that electrodiagnostic testing of bilateral lower extremities showed no evidence of radiculopathy. The treatment plan included completing chiropractic therapy, increasing the dosage of Neurontin to 400mg, continuing Flexeril and Omeprazole and starting Tramadol and requesting bilateral L5-S1 epidural steroid injections. In a PR-2 dated 8-31-15, the injured worker increased a one week history of increased pain after a carpal tunnel syndrome accident that exacerbated his low back and leg pain. The injured worker reported that medications prescribed on 7-27-15 had not been filled due to insurance denial. In a

PR-2 dated 9-29-15, the injured worker complained of ongoing pain rated 7 out of 10 without medications and 5 out of 10 with medications. The injured worker reported that Cyclobenzaprine gave him gastritis yet allowed him to sleep. Tramadol gave him gastritis but fair relief of pain. Omeprazole helped decrease gastritis. Physical exam was remarkable for positive bilateral straight leg raise, 5 out of 5 lower extremity strength, tenderness to palpation at bilateral L5-S1 and L4-5 with "complete" range of motion in all directions with pain. The physician noted that due to a history of peptic ulcer disease and hypertension, anti-inflammatories were not the desired route. The treatment plan included decreasing Tramadol dosage, changing Flexeril to Skelaxin and increasing Gabapentin dosage to 600 mg at night time. On 10-8-15, Utilization Review noncertified a request for Skelaxin 800mg #30 with four refill and Ultracet 37.5mg-325mg #60 with four refills and modified a request for Neurontin 600mg #30 with four refills to Neurontin 600mg #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Skelaxin 800 mg #30 with 4 refills prescribed 9/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. According to CA MTUS Chronic Pain Guidelines, page 61, Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. In this case the injured worker is being prescribed long-term muscle relaxants for the treatment of chronic low back pain. The note from 9/29/15 does not demonstrate any spasm and full range of motion of his lumbar spine. In addition, the guidelines indicate muscle relaxants are best used for short term pain relief. Therefore, the request does not meet the criteria set forth in the guidelines and therefore the request is not medically necessary.

Retro Ultracet 37.5/325 mg #60 with 4 refills prescribed on 9/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, significant percentage of relief with medications, or that the injured worker has been able to return to work. Therefore, the determination is for non-certification.

Neurontin 600 mg #30 with 4 refills prescribed on 9/29/2015: 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): Antiepilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, 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. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the exam note from 9/29/15 does not demonstrate evidence neuropathic pain or demonstrate 30% relief of pain with medications (decrease from 7 to 5 out of 10 is not significant), the duration of relief, increase in function or increased activity. Therefore, the request is not medically necessary.