MAXIMUS Federal Services

Case Number:	CM15-0029154		
Date Assigned:	02/23/2015	Date of Injury:	04/26/2006
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey
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 50 year old male, who sustained an industrial injury on 4/26/06. He has reported low back injury. The diagnoses have included lumbosacral neuritis, lumbar radiculitis and status post left fusion. Treatment to date has included L4-5 hemilaminectomy and discectomy and L4-5 posterior spinal fusion with instrumentation and L4-5 transverse lumbar interbody fusion, physical therapy, home exercise program, activity restrictions and medications. Currently, the injured worker complains of low back pain. Tenderness was noted on palpation of lumbar spine with decreased range of motion on 1/19/15. On 1/28/15 Utilization Review non-certified Norco 10/325 mg #90 modified to #45, Neurontin 300mg # 90 modified to #45 and Robaxin 750 mg #90 modified to #45, noting modification was for weaning. The MTUS, ACOEM Guidelines, was cited. On 2/17/15, the injured worker submitted an application for IMR for review of Norco 10/325 mg #90 modified to #45, Neurontin 300mg # 90 modified to #45 and Robaxin 750 mg #90 modified to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tabs of Norco 10-325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documented evidence that this full review was completed at the time of this request for renewal of Norco. In particular, although there was a reported 50% degree of "help" from the worker's medications, although the pain levels fluctuated from 6-9 on previous notes, there was no effort to document the specific functional gains and pain reduction directly related to Norco, independent of the other medications. Also, previous notes documented directions to wean down on medications, although this recent note did not give directions on how to continue this weaning. Therefore, without clear and measurable evidence of benefit with Norco use, it will be considered medically unnecessary. Continued weaning is recommended.

90 Tabs of Robaxin 750 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was no evidence to suggest this request was to treat an acute flare-up of muscle spasm beyond their chronic symptoms. Therefore, due to the request intending for the worker to continue using Robaxin on a chronic basis, which is not recommended, it will be considered medically unnecessary.

90 Tabs of Neurontin 300 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that anti-epilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was a history of him using Neurontin, however, recent documentation failed to include any evidence of direct and independent benefit at reducing symptoms, separate from his other medications, which would be required in order to justify continuation. Therefore, the Neurontin will be considered medically unnecessary.