

Case Number:	CM15-0211418		
Date Assigned:	10/30/2015	Date of Injury:	01/03/2005
Decision Date:	12/14/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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, with a reported date of injury of 01-03-2015. The diagnoses include right L3 and L4 radiculopathy with right lower extremity weakness and decreased sensation in the right L3 and L4 dermatome; right lumbar radiculopathy with right lower extremity weakness; disc protrusion at L4-5; lumbar disc protrusion at L3-4; central disc protrusion at L4-5 with annular disc tear and mild right L4-5 neural foraminal stenosis; central disc protrusion at L3-4; lumbar facet joint arthropathy at L3-S1; fluid in the bilateral L3-4 and L4-5 facet joints; transitional L5-S1 vertebra; lumbar sprain and strain; and depression. The progress report dated 10-07-2015 (and 08-27-2015) indicates that the injured worker had bilateral lower back pain with radiation into the right buttock, right posterior thigh, and right posterior calf. The pain was exacerbated by prolonged sitting, prolonged standing, prolonged walking, lifting, twisting of the back, driving, any activities, lying down, and bearing down. The objective findings (08-27-2015 and 10-07-2015) include restricted lumbar spine range of motion in all directions due to pain; spasms upon palpation of the lumbar paraspinal muscles; positive lumbar discogenic provocative maneuvers; negative bilateral nerve root tension signs; decreased sensation in the right L3 and right L4 dermatomes; and reduced balance in the heel and toe walking with an antalgic gait. It was noted that the "remainder of the examination is unchanged from the previous visit". The injured worker's work status was referred to the permanent and stationary report. The diagnostic studies to date have included an MRI of the lumbar spine on 08-20-2013 which showed annular bulging at L3-4 and L4-5 with mild central canal stenosis and mild bilateral foraminal narrowing at L4-5. Treatments and evaluation to date have included

Percocet (since at least 04-2015), Abilify, Gabapentin (since at least 04-2015), Robaxin, Cyclobenzaprine, Roxicet, Motrin, Flexeril, and Cymbalta. The treating physician requested two prescriptions of Percocet 10-325mg #120 for pain, Robaxin 750mg #180 with two refills for spasm, and Neurontin 800mg #90 with two refills. The treating physician indicates that the Percocet provided 40% improvement in pain with 40% improvement in the activities of daily living; the Robaxin provided 40% improvement in spasms and activities of daily living; and Neurontin provided 50% improvement of the neuropathic pain with the ability to perform activities of daily living. On 10-19-2015, Utilization Review (UR) non-certified the request for Robaxin 750mg #180 with two refills and modified the request for two prescriptions of Percocet 10-325mg #120 to one prescription of Percocet 10-325mg #120 and Neurontin 800mg #90 with two refills to Neurontin 800mg #90 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) prescriptions for Percocet 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in January 2005 when he slipped on the wet steps of a bus, landing on his knees and bruising his back. He continues to be prescribed for bilateral low back pain with right lower extremity radiating symptoms and secondary depression. Medications are referenced as decreasing pain by 40-50% with improved activities of daily living including self care. Physical examination findings included a body mass index of nearly 37. There was decreased and painful lumbar range of motion. There were lumbar paraspinal muscle spasms. Right lower extremity reflexes were decreased. There was decreased right lower extremity strength and sensation and he had an antalgic gait. Medications were continued including Percocet 10/325 mg #120, Robaxin 750 mg #180, and Neurontin 800 mg #90. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

One (1) prescription of Robaxin 750mg #180 with 2 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): Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in January 2005 when he slipped on the wet steps of a bus, landing on his knees and bruising his back. He continues to be prescribed for bilateral low back pain with right lower extremity radiating symptoms and secondary depression. Medications are referenced as decreasing pain by 40-50% with improved activities of daily living including self care. Physical examination findings included a body mass index of nearly 37. There was decreased and painful lumbar range of motion. There were lumbar paraspinal muscle spasms. Right lower extremity reflexes were decreased. There was decreased right lower extremity strength and sensation and he had an antalgic gait. Medications were continued including Percocet 10/325 mg #120, Robaxin 750 mg #180, and Neurontin 800 mg #90. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Robaxin (methocarbamol). In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis. Ongoing prescribing is not considered medically necessary.

One (1) prescription of Neurontin 800mg #90 with 2 refills: Overturned

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 claimant sustained a work injury in January 2005 when he slipped on the wet steps of a bus, landing on his knees and bruising his back. He continues to be prescribed for bilateral low back pain with right lower extremity radiating symptoms and secondary depression. Medications are referenced as decreasing pain by 40-50% with improved activities of daily living including self care. Physical examination findings included a body mass index of nearly 37. There was decreased and painful lumbar range of motion. There were lumbar paraspinal muscle spasms. Right lower extremity reflexes were decreased. There was decreased right lower extremity strength and sensation and he had an antalgic gait. Medications were continued including Percocet 10/325 mg #120, Robaxin 750 mg #180, and Neurontin 800 mg #90. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is consistent with that recommendation and medications are providing pain relief with improved function. Ongoing prescribing was medically necessary.