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| Case Number: | CM15-0220001 | | |
| Date Assigned: | 11/13/2015 | Date of Injury: | 03/09/2005 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 11/09/2015 |

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, North Carolina
 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:

This is a 55 year old female with a date of injury on 3-9-2005. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain with radicular pain into the legs, left greater than right due to chronic bilateral L5 radiculopathy and left S1 radiculopathy. According to the progress report dated 9-17-2015 the injured worker complained of ongoing low back pain, as well as pain down the leg with numbness and tingling. She was not currently working. The physical exam (9-17-2015) revealed tenderness across the lumbar paraspinal muscles, pain along the facets and pain with facet loading. Treatment has included epidural injections, trigger point injections and medication. Current medications (9-17-2015) included Ultracet (since at least 6-2015), Neurontin (since at least 5-2015), Aciphex, Norflex (since at least 6-2015) and Naproxen. Previous medications include Flexeril, Nalfon and Tramadol ER. The original Utilization Review (UR) (10-12-2015) denied requests for Norflex, Neurontin and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg quantity 60: 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 request is for Norflex, a muscle relaxant indicated for the short-term treatment of acute muscle spasms. Muscle relaxants are not recommended for long-term use as they have their greatest effects in the first 4 days of use and are recommended for no longer than 2-3 weeks. They may be indicated for acute exacerbations of muscle spasm. In this case, the patient has been taking Norflex since at least 6/2015, which is contrary to recommendations. In addition, there is no documentation of functional improvement or benefit, such as decreased work restrictions, increased activity tolerance and/or reduction in the use of medications as a result of the Norflex. Therefore the request is not medically necessary or appropriate.

Neurontin 600mg quantity 90: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: Neurontin is an anti-epileptic drug that is also approved for use in post-herpetic neuralgia and painful diabetic neuropathy. In this case, the claimant has evidence of neuropathic pain (low back pain radiating down both legs with associated numbness and tingling). However there is no documentation of functional benefit or improvement with Neurontin. There is no reduction in work restrictions, increase in activity tolerance and/or reduction in use of medications as a result of Neurontin usage. Therefore the request is not medically necessary or appropriate.

Ultracet 37.5/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

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

Decision rationale: Ultracet is a combination of Ultram (Tramadol) and APAP. Tramadol is a centrally-acting synthetic opioid indicated for moderate to severe pain. It is indicated for short-term use, however long-term use requires ongoing monitoring and documentation of the 4 A's (analgesia, ADL's, appropriate medication usage and adverse events). There is no evidence of this monitoring in the medical records presented for review. There is no documentation of functional benefit or improvement, such as decrease work restrictions, increase in activity tolerance and/or reduction in the use of medications. Therefore the request for Ultracet is not medically necessary or appropriate.