

Case Number:	CM15-0223259		
Date Assigned:	11/19/2015	Date of Injury:	07/16/2011
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/13/2015

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: 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 35 year old male, who sustained an industrial injury on July 16, 2011. He reported low back pain. The injured worker was diagnosed as having post laminectomy syndrome, lumbar radiculitis and lumbar facet joint arthropathy. Treatment to date has included diagnostic studies, surgery, physical therapy, chiropractic treatment and medications. On October 1, 2015, the injured worker complained of weakness in his legs. He noted that he would like to increase his medications because they do not completely take his pain away. His discomfort was described as numbness, pain, tingling and aching. He rated the intensity of his discomfort as an 8 on a 0-10 scale without medication and as a 6 with medication. Physical examination revealed pain and tenderness to the upper lumbar, lower lumbar and lumbosacral areas. Moderate muscle spasms were noted to the left lumbar, lumbar and right lumbar areas. Lumbar spine range of motion was noted as flexion 45 degrees, extension 5 degrees, right bending 15 degrees and left bending 15 degrees. The treatment plan included Norco, Gabapentin, Flexeril and consultation with psychiatrist. On October 26, 2015, utilization review denied a request for Gabapentin 300mg #60 and Flexeril 10mg #90. A request for Norco 5- 325mg #30 was modified to Norco 5-325mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Overturned

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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in July 2011 when he developed back pain after lifting a toolbox out of the side of his truck. In May 2014 he underwent a two level instrumented lumbar fusion. He had initial improvement in back and leg pain and then began having increasing pain, initially in the left lower extremity, and then on the right side as well. He had physical therapy without much improvement. An MRI of the lumbar spine in May 2015 showed increasing adjacent segment stenosis at L3/4. When seen by the requesting provider he was having ongoing leg weakness. Medications were decreasing pain from 8/10 to 6/10. He had pain that was noticeable 100% of the time. He wanted to increase his medications. Physical examination findings included a body mass index of over 38. He had multilevel lumbar restrictions/subluxations. There was pain and tenderness throughout the lumbar spine with moderate bilateral muscle spasms. He had decreased lumbar spine range of motion. His medications were continued. Gabapentin was prescribed at a total dose of 600 mg per day. Norco was prescribed at a total MED (morphine equivalent dose) of 5 mg per day. Flexeril was continued. 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. Norco (hydrocodone/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 what is considered a clinically significant decrease in pain of two VAS points. The total MED is less than 120 mg per day consistent with guideline recommendations. His request for a trial at an increased dose should be addressed. Continued prescribing is medically necessary.

Gabapentin 300mg #60: Upheld

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 July 2011 when he developed back pain after lifting a toolbox out of the side of his truck. In May 2014 he underwent a two level instrumented lumbar fusion. He had initial improvement in back and leg pain and then began having increasing pain, initially in the left lower extremity, and then on the right side as well. He had physical therapy without much improvement. An MRI of the lumbar spine in May 2015 showed increasing adjacent segment stenosis at L3/4. When seen by the requesting provider he was having ongoing leg weakness. Medications were decreasing pain from 8/10 to 6/10. He had pain that was noticeable 100% of the time. He wanted to increase his medications. Physical examination findings included a body mass index of over 38. He had multilevel lumbar restrictions/subluxations. There was pain and tenderness throughout the lumbar spine with moderate bilateral muscle spasms. He had decreased lumbar spine range of motion. His

medications were continued. Gabapentin was prescribed at a total dose of 600 mg per day. Norco was prescribed at a total MED (morphine equivalent dose) of 5 mg per day. Flexeril was continued. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic 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 less than that recommended and the claimant has ongoing moderate pain. No titration was being planned. Ongoing prescribing is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: The claimant sustained a work injury in July 2011 when he developed back pain after lifting a toolbox out of the side of his truck. In May 2014 he underwent a two level instrumented lumbar fusion. He had initial improvement in back and leg pain and then began having increasing pain, initially in the left lower extremity, and then on the right side as well. He had physical therapy without much improvement. An MRI of the lumbar spine in May 2015 showed increasing adjacent segment stenosis at L3/4. When seen by the requesting provider he was having ongoing leg weakness. Medications were decreasing pain from 8/10 to 6/10. He had pain that was noticeable 100% of the time. He wanted to increase his medications. Physical examination findings included a body mass index of over 38. He had multilevel lumbar restrictions/subluxations. There was pain and tenderness throughout the lumbar spine with moderate bilateral muscle spasms. He had decreased lumbar spine range of motion. His medications were continued. Gabapentin was prescribed at a total dose of 600 mg per day. Norco was prescribed at a total MED (morphine equivalent dose) of 5 mg per day. Flexeril was continued. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not medically necessary.