

<b>Case Number:</b>	CM15-0030373		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 York  
 Certification(s)/Specialty: Internal Medicine

### 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 52 year old female, who sustained an industrial injury on February 5, 2008. She has reported low back pain with radiating pain, tingling and numbness to the lower extremities. The diagnoses have included discogenic lumbar condition with radicular components down the lower extremities, depression and sleep issues. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, trigger point injections, epidural steroid injections, pain medications and work restrictions. Currently, the IW complains of low back pain with radiating pain, tingling and numbness to the lower extremities. The injured worker reported an industrial injury in 2008, resulting in the above described pain. She was treated conservatively and invasively without resolution of the pain. It was noted she was tearful of many occasions during examinations. Evaluation on January 9, 2015, revealed continued severe pain with associated sexual dysfunction, insomnia, activity of daily living difficulties, depression, anxiety and neurogenic bladder secondary to pain. She had been previously treated with different therapies, pain injections and medications. A spinal cord stimulator, a hot and cold wrap and pain medications were requested. On February 6, 2015, Utilization Review non-certified a request for Gabapentin 600mg #90, Norflex 100mg #100 and Effexor 75mg #30, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of requested Gabapentin 600mg #90, Norflex 100mg #100 and Effexor 75mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #130: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

**Decision rationale:** Per CA MTUS, Norco is a short-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Medical necessity for the requested item is not established. The certification of the requested medication is not recommended.

**Gabapentin 600mg #90: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs (AEDs) Page(s): 17-19.

**Decision rationale:** According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records documented that the patient has neuropathic pain related to her chronic low back condition. Neurontin has been part of her medical regimen and has proved beneficial for the treatment of her chronic pain syndrome. Medical necessity for the requested item is established. The requested item is recommended and medical necessity has been established.

**Norflex 100mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

**Decision rationale:** According to CA MTUS Guidelines, muscle relaxants such as Norflex are not recommended for the long-term treatment of chronic pain. These medications have their greatest effect in the few weeks of treatment. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone, or in combination with NSAIDs. Guideline criteria have not been met. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.

**Effexor 75mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 45.

**Decision rationale:** Per Ca MTUS Guidelines, Venlafaxine (brand names: Effexor, Effexor XR and Trevilor) is an antidepressant of the serotonin-norepinephrine reuptake inhibitor (SNRI) class. This means it increases the concentrations of the neurotransmitters serotonin and norepinephrine in the body and the brain. The documentation indicates the claimant has depression and has been maintained on this medication. She should continue this present medical treatment until evaluated by a mental health provider. Medical necessity for the requested medication is established. The requested medication is medically necessary.