

Case Number:	CM15-0035710		
Date Assigned:	03/04/2015	Date of Injury:	10/12/2000
Decision Date:	04/15/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 44 year old male who sustained an industrial injury on 10/12/2000. He has reported chronic low back pain. Diagnoses include left sacroiliitis, myofascial pain, chronic low back pain, depression, reflux and insomnia. Treatments to date include medication management. A progress note from the treating provider dated 01/15/2015 indicates the IW is complaining of back pain that is 6/10 severity. Without pain medications, his pain is 9/10. He has a history of low back surgery with L4, L5 and S1 instrumentation of the spine on 04/28/2009 followed by removal of hardware L4-L5, S1, and resection of broken pedicle screws on S1, and resection of pseudo arthrosis L4-5 S1 and left L3-L4 laminectomy done 04/27/2009. Spasms were noted in the lumbar paraspinal muscles and stiffness in the lumbar spine was noted on the visit of 01/15/2015. He also had lumbar spine stiffness, limited lumbar mobility, dysesthesia to light touch on bilateral thighs, and normal bilateral leg sensation. Lower extremity strength was present bilaterally. On 01/30/2015 Utilization Review non-certified a request for Cyclobenzaprine 10mg #30 with 3 refills The MTUS Guidelines were cited. On 01/30/2015 Utilization Review modified a request for Gabapentin 600mg #60 with 3 refills to Gabapentin 600mg #60 with no refills between 01/15/2015 and 05/28/2015. The MTUS Guidelines were cited. On 01/30/2015 Utilization Review modified a request for Methadone 10mg #90 with 3 refills to Methadone 10mg #68 with 0 refills between 01/15/2015 and 05/28/2015. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient presents with lower back pain rated 6/10 during the office visit, 9/10 at worst and 5-6/10 with medications. The patient's date of injury is 10/12/00. Patient is status post lumbar spinal surgery at L4, L5, and S1 levels with hardware and bone graft placement. Patient also underwent hardware removal and replacement of broken screws and rods on 04/27/09. The request is for GABAPENTIN 600MG #60 WITH 3 REFILLS. The RFA is dated 01/22/15. Physical examination dated 01/20/15 notes a well healed lumbar surgical scar, reveals tenderness to palpation and spasms of the lumbar paraspinal muscles, and dysesthesia to light touch in the bilateral thighs. The patient is currently prescribed Methadone, Cyclobenzaprine, and Gabapentin. Diagnostic imaging was not included. Per progress note dated 01/20/15, patient is advised to return to work on 02/28/15. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin -Neurontin, Gabarone, generic available - has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Gabapentin was initiated sometime before 03/06/14 progress note, as it specifies a refill. The patient suffers from bilateral neuropathic pain associated his lower back complaint, for which Gabapentin is indicated. Progress note dated 01/20/15 discusses a reduction in pain attributed to this patient's medications. The same report specifically addresses symptoms alleviated by this medication: "The Gabapentin helps for ants biting type of pain." Given documentation of pain reduction and specific symptomatic relief attributed to this medication, continuation is substantiated. The request IS medically necessary.

Cyclobenzaprine 10mg #30 with 3 refills: 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 patient presents with lower back pain rated 6/10 during the office visit, 9/10 at worst and 5-6/10 with medications. The patient's date of injury is 10/12/00. Patient is status post lumbar spinal surgery at L4, L5, and S1 levels with hardware and bone graft placement. Patient also underwent hardware removal and replacement of broken screws and rods on 04/27/09. The request is for CYCLOBENZAPRINE 10MG #30 WITH 3 REFILLS. The RFA is dated 01/22/15. Physical examination dated 01/20/15 notes a well healed lumbar surgical scar, reveals tenderness to palpation and spasms of the lumbar paraspinal muscles, and dysesthesia to

light touch in the bilateral thighs. The patient is currently prescribed Methadone, Cyclobenzaprine, and Gabapentin. Diagnostic imaging was not included. Per progress note dated 01/20/15, patient is advised to return to work on 02/28/15. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Cyclobenzaprine, treater has specified an excessive duration of therapy. This patient has been receiving Cyclobenzaprine since at least 03/06/14. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 30 tablets with 3 refills does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Methadone 10mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with lower back pain rated 6/10 during the office visit, 9/10 at worst and 5-6/10 with medications. The patient's date of injury is 10/12/00. Patient is status post lumbar spinal surgery at L4, L5, and S1 levels with hardware and bone graft placement. Patient also underwent hardware removal and replacement of broken screws and rods on 04/27/09. The request is for METHADONE 10 MG #90 WITH 3 REFILLS. The RFA is dated 01/22/15. Physical examination dated 01/20/15 notes a well healed lumbar surgical scar, reveals tenderness to palpation and spasms of the lumbar paraspinal muscles, and dysesthesia to light touch in the bilateral thighs. The patient is currently prescribed Methadone, Cyclobenzaprine, and Gabapentin. Diagnostic imaging was not included. Per progress note dated 01/20/15, patient is advised to return to work on 02/28/15. For chronic opioid use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request of Methadone for the management of this patients intractable pain, treater has not provided adequate documentation to continue use. Progress note dated 01/2/15 describes a reduction in pain from 9/10 to 5-6/10 attributed to this patient's medications, though it does not provide specific functional improvements attributed to this medication. After a careful review of the records provided, no consistent urine drug screen toxicology reports or discussion of consistency with prescribed medications can be found. The treater does request prospective random drug screens in several treatment plans. However, it is unclear if samples were ever collected as there is no

discussion of consistent or inconsistent results in the subsequent reports. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.