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| Case Number: | CM15-0039187 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 01/01/2008 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 65-year-old male, who sustained an industrial injury on 01/01/2008. He reported injury to the low back, left knee and right hip. The injured worker was diagnosed as having a displaced lumbar disc, degenerative joint disease of the hip, degenerative joint disease of the knee. Treatment to date has included a total knee replacement (07/2014), lumbar spine surgery (09/13/2010) with post-op complications, prolonged nasogastric intubation and one-month hospitalization, treatment for post-operative depression and medications for pain. Currently, the injured worker complains of back and knee and hip pain rated 6/10 that is constant, achy/numb and worse with activity. Objectively he has elevated blood pressure, obesity, lumbosacral range of motion that is decreased at 60 percent and his back is profusely tender to palpation. The treatment plan is for gradual weaning of Vicodin and prescription of Flexeril 10 mg, Horizant 600 mg, and Mobic 7.5 mg. ██████████ for weight loss is planned. Other medications listed are Lyrica and Norco. The UDS report dated 10/9/2014 was noted to be consistent with prescribed Norco. A Utilization Review was rendered recommending non certification for Horizant 600mg #30, Mobic 7.5mg #25, Flexeril 10mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant 600 mg, thirty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic pain and radiculopathy. The guidelines also recommend that anticonvulsants can be utilized for the treatment of chronic pain syndrome that is associated with psychosomatic disorders. The records indicate that subjective and objective findings consistent with chronic pain syndrome with radiculopathy. There is documentation of functional improvement with Lyrica, which was discontinued after non certification. There is documentation of efficacy and functional improvement with utilization of Horizant. It is unclear while an extended release formulation is preferred to first line regular formulation of gabapentin. The criteria for the use of Horizant 600mg #30 was met.

Mobic 7.5 mg, 25 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterNSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the risk of cardiovascular, renal and gastrointestinal complications. The records indicate that the patient is utilizing NSAIDs for the treatment of exacerbations of musculoskeletal pain. There is documentation of efficacy and pain relief but no adverse medication effect was reported. The criteria for the use of Mobic 7.5mg #25 was met.

Flexeril 10 mg, ten count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterMuscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants is

associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the patient had utilized Flexeril longer than the guidelines recommended maximum period of 4 to 6 weeks. The patient is also utilizing multiple opioids and other medications with sedative actions. The criteria for the use of Flexeril 10mg # 10 was not met.