MAXIMUS Federal Services

Case Number:	CM15-0082409		
Date Assigned:	05/04/2015	Date of Injury:	09/23/1998
Decision Date:	07/17/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/29/2015

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: Emergency 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 62 year old female, who sustained an industrial injury on September 23, 1998. She has reported neck pain, back pain, shoulder pain, arm pain and leg pain. Diagnoses have included chronic pain syndrome, cervicalgia, lumbago, lumbosacral neuritis, shoulder sprain, and myalgia and myositis. Treatment to date has included medications, physical therapy, spinal injections, left shoulder surgeries, cervical spine fusion, and imaging studies. A progress note dated March 19, 2015 indicates a chief complaint of neck pain, lower back pain radiating to the left leg with numbness, left shoulder pain, and left arm pain. Pain is rated 5-6/10. Objective exam reveals limited range of motion of neck and lower back. There is noted tenderness and spasms to cervical and lumbar region. Positive trigger points to scapula and upper back. Decreased sensation to left C6-7 and right L5-S1 dermatomes. Current medications include Norco, Gabapentin, Flexeril, Elavil, Tramadol and Carbamazepine. Documentation states plan to taper down elavil and carbamazepine. MRI of lumbar spine dated 4/17/15 only noted degenerative changes. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. The provider has not provided any documentation of efficacy of this medication on patient's pain. There is no documentation of any improvement in pain or functional improvement. There is appropriate documentation of monitoring and screening for abuse. The number of refills requested is not legal, DEA rules do not allow refills of Schedule 2 opioids. The number of refills do not meet MTUS guidelines requirement for appropriate monitoring. Due to not meeting MTUS guidelines and not being a legal prescription; this request for Norco is not medically necessary.

Gabapentin 600mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has prior exams consistent with radicular pain. However, pt has been on this medicament chronically and there is no documentation of actual benefit. There is no documentation of any objective improvement and the number of refills prescribed is excessive and not appropriate as per MTUS guidelines recommending monitoring. Due to lack of documentation of objective improvement and excessive refills, Neurontin prescription is not medically necessary.

Flexeril 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement. Chronic use is not recommended. Flexeril is not medically necessary.