

Case Number:	CM15-0088852		
Date Assigned:	05/13/2015	Date of Injury:	05/20/2006
Decision Date:	07/03/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/08/2015

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, Hawaii
 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 was a 66 year old male, who sustained an industrial injury, May 20, 2006. The injured worker previously received the following treatments random laboratory toxicology studies, MS Contin, Tramadol ER, Neurontin, Flexeril and Avinza. The injured worker was diagnosed with lumbar spine pain, lumbar spondylosis without myelopathy, chronic low back pain and postlaminectomy syndrome. According to progress note of March 25, 2015, the injured workers chief complaint was lumbar spine pain. The symptoms occur constantly with intermittent worsening. The injured worker rated the pain 7 out of 10. The pain rated into the right and left lower extremities. The physical exam noted back pain. There was no abnormality, lumbar curvature, no abnormality and normal gait. The treatment plan included prescriptions for Avinza (MS Contin), Tramadol, Neurontin and Flexeril (Cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza (MS Contin) ER #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 88-89.

Decision rationale: The patient presents with an industrial injury affecting the lumbar spine with pain rated a 7/10 that radiates into the lower extremities. The current request is for Avinza (MS Contin) ER #90. The treating physician states, in a report dated 03/25/15, "MS Conlin 30 mg tablet, extended release take 1 tablet by oral route every 8 hours." (41B) The MTUS Guidelines on page 88-89 recommend documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In this case, one cannot tell that the patient is doing any better with chronic opiate use. The treating physician states only that "Pain relief is clinically significant. Continue current medication regimen" and "PADT reviewed, no aberrant drug related behaviors were identified." Furthermore, in a note written by the patient he specifically states, "I never wanted to be addicted to narcotics as I am now. I hope this can be resolved." (3A) In this case, the patient states that there is a narcotic addiction, the 4As required by MTUS have not been addressed and there is lack of any validated functional improvement. The current request is not medically necessary and the patient should be slowly weaned per MTUS.

Tramadol ER 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 88-89.

Decision rationale: The patient presents with an industrial injury affecting the lumbar spine with pain rated a 7/10 that radiates into the lower extremities. The current request is for Tramadol ER 100 mg. The treating physician states, in a report dated 03/25/15, "Tramadol ER 100 mg tablet, extended release 24hr take 2 tablet by oral route every day." (41B) The MTUS Guidelines on page 88-89 recommend documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). In this case, one cannot tell that the patient is doing any better with chronic opiate use. The treating physician states only that "Pain relief is clinically significant. Continue current medication regimen" and "PADT reviewed, no aberrant drug related behaviors were identified." Furthermore, in a note written by the patient he specifically states, "I never wanted to be addicted to narcotics as I am now. I hope this can be resolved." (3A) In this case, the patient states that there is a narcotic addiction, the 4As required by MTUS have not been addressed and there is lack of any validated functional improvement. The current request is not medically necessary and the patient should be slowly weaned per MTUS.

Neurontin 300 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18.

Decision rationale: The patient presents with an industrial injury affecting the lumbar spine with pain rated a 7/10 that radiates into the lower extremities. The current request is for Neurontin 300 mg. The treating physician states, in a report dated 03/25/15, "Neurontin 300 mg capsule take 1 capsule by oral route 3 times every day." (41B) The MTUS guidelines state, "Gabapentin (Neurontin) 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." (Backonja, 2002). In this case, the physician states that "Pain relief is clinically significant. Continue current medication regimen." There is no documentation that this medication is providing any functional improvement for this patient as required on page 60 of MTUS. The current request is not medically necessary.

Flexeril (Cyclobenzaprine) 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: The patient presents with an industrial injury affecting the lumbar spine with pain rated a 7/10 that radiates into the lower extremities. The current request is for Flexeril (Cyclobenzaprine) 10 mg. The treating physician states, in a report dated 03/25/15, "Flexeril 10 mg tablet take 1 tablet by oral route 3 times every day" (41B). The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. There is documentation provided that indicates that patient has been taking this medication since at least 9/17/14, which is beyond the guideline recommendations. The current request is not medically necessary.