

Case Number:	CM14-0133807		
Date Assigned:	08/25/2014	Date of Injury:	03/11/2005
Decision Date:	09/29/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 52-year-old male with a 3/11/05 date of injury. At the time (7/9/14) of request for authorization for Gabapentin 600 mg QTY: 270.00, Temazepam 15 mg QTY: 90.00, Norco 10/325 mg QTY: 360.00, and Flexeril 10 mg QTY: 90.00, there is documentation of subjective (low back pain, pain 3/10 with medications and 6/10 without medications) and objective (tenderness lumbar spine) findings, current diagnoses (degenerative disc disease, lumbar spine), and treatment to date (medications (including ongoing treatment with Gabapentin, Temazepam, Norco, and Flexeril since at least 12/17/13)). Regarding Gabapentin 600 mg QTY: 270.00, there is no documentation of neuropathic pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Regarding Temazepam 15 mg QTY: 90.00, there is no documentation of the intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Temazepam use to date. Regarding Norco 10/325 mg QTY: 360.00, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Flexeril 10 mg QTY: 90.00, there is no documentation of acute muscle spasm, the intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg QTY: 270.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS), GABAPENTIN (NEURONTIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of degenerative disc disease, lumbar spine. In addition, there is documentation of ongoing treatment with Gabapentin. However, there is no documentation of neuropathic pain. In addition, despite documentation that pain is 3/10 with medications and 6/10 without medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 600 mg QTY: 270.00 is not medically necessary.

Temazepam 15 mg QTY: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of degenerative disc disease, lumbar spine. However, given documentation of ongoing treatment with Temazepam since at least 12/17/13, there is no documentation of the intention to treat over a short course (up to 4 weeks). In addition, despite documentation that pain is 3/10 with medications and 6/10 without medications, there is no documentation of functional benefit or

improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Temazepam use to date. Therefore, based on guidelines and a review of the evidence, the request for Temazepam 15 mg QTY: 90.00 is not medically necessary.

Norco 10/325 mg QTY: 360.00: 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): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of degenerative disc disease, lumbar spine. In addition, there is documentation of ongoing treatment with Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation that pain is 3/10 with medications and 6/10 without medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg QTY: 360.00 is not medically necessary.

Flexeril 10 mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment

intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of a diagnosis of degenerative disc disease, lumbar spine. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 12/17/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, despite documentation that pain is 3/10 with medications and 6/10 without medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10 mg QTY: 90.00 is not medically necessary.