

Case Number:	CM14-0160304		
Date Assigned:	10/03/2014	Date of Injury:	11/24/2012
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine & Rehabilitation, 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:

The injured worker is a 37-year-old female who reported an injury on 11/24/2012 due to an unknown mechanism. Diagnoses were morbid obesity, significant postsurgical lumbar discopathy, and lumbar disc annular tear. Physical examination on 08/21/2014 revealed complaints of stabbing pain in the right lower back, which was rated at 8/10 to 9/10 on the pain scale without medications and 5/10 to 6/10 with medications. There were complaints of aching and burning pain in the right foot, which was rated a 5/10 to 8/10 with numbness and pins and needles sensation. Pain in the lower back down the bilateral feet was rated a 5/10 to 8/10 on the pain scales. Medications for the injured worker were Norco, Cyclobenzaprine, DSS, and gabapentin. The injured worker reported that Cyclobenzaprine did not help with the pain. The injured worker was not attending any form of therapy or working. Examination of the lumbar spine revealed tenderness in the paraspinal musculature of the lumbar region. Midline tenderness was noted in the lumbar region. There was also tenderness to the midback. Muscle spasm was negative in the lumbar region. Sensation testing with a pinwheel was slightly abnormal. There was decreased right S1 sensation and decreased L5 sensation at the dorsum of the foot. Sciatic nerve compression test was negative. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg 1 PO TID PRN #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 16.

Decision rationale: The request for Gabapentin 600mg 1 PO TID PRN #90 with 2 refills is medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is 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. It was reported that the injured worker was getting some pain relief from this medication. The injured worker has a history of 2 back surgeries and will be a candidate in the future for a fusion. The clinical documentation submitted for review does provide evidence that the injured worker is getting functional improvement. Therefore, this request is medically necessary.

Flexeril 10mg 1 PO TID PRN #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41, 64.

Decision rationale: The request for Flexeril 10mg 1 PO TID PRN #60 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule states that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain. However, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker reported that this medication did not help with her pain. The medical guidelines state that this medication should not be used for longer than 2 to 3 weeks. It was not reported that the injured worker was having an exacerbation of pain and spasms. The clinical documentation submitted for review does provide evidence that this injured worker has been on this medication for an extended duration of time. Therefore, this request is not medically necessary.

Norco 10/325 1 PO Q6H PRN #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NORCO, ONGOING MANAGEMENT Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 1 PO Q6H PRN #60 with 2 refills is not medically necessary. The California Medical Guidelines recommend short acting opioids, such

as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The 4 A's for the ongoing management of an opioid medication were not reported. There is a lack of documentation of objective improvement. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.