MAXIMUS Federal Services

Case Number:	CM14-0183044		
Date Assigned:	11/10/2014	Date of Injury:	02/15/2007
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 and Rehabilitation and is licensed to practice in Arizona and 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 52-year-old female who reported an injury on 01/18/2007. The mechanism of injury was turning over a patient in bed. Her diagnoses were noted to include degenerative disc disease in the cervical, thoracic, and lumbar spine. Her past treatments were noted to include medication, physical therapy, rest, lumbar epidural steroid injection, and surgery. An MRI of the thoracic spine dated 11/19/2012 revealed mild, diffuse spondylosis, a moderate central disc extrusion with mild to moderate central stenosis at T9-10 and T10-11 with slight ventral cord flattening, small disc extrusion resulting in mild lateral recess stenosis on the left at T7-8, and on the right at T8-9, small right disc protrusion at T2-3, and broad based disc bulges from T3-4 through T6-7. She is status post cervical and lumbar spine surgery, however, the description and dates of the surgeries were not provided. During the assessment on 08/13/2014, the injured worker complained of upper back, low back, bilateral lower extremity, neck, and bilateral upper extremity pain. She described her pain as throbbing, aching, burning, and sharp, and complained of numbness in her lower extremities. She stated her constant pain worsened with sitting, standing, walking, bending, and lifting, and was somewhat relieved with rest. The physical examination revealed the cervical range of motion with flexion at 40 degrees, extension at 0 degrees, left lateral flexion less than 5 degrees, right lateral flexion 5 degrees, left lateral rotation at 70 degrees, and right lateral rotation at 70 degrees. The range of motion of the lumbar spine revealed flexion at 80 degrees, extension at 0 degrees, left lateral flexion at 5 degrees, right lateral flexion at 5 degrees, left lateral rotation at 10 degrees, and right lateral rotation at 10 degrees. Her motor strength in the upper extremities and lower extremities was normal. Her medication was noted to include Percocet 7.5/325 mg, Flexeril 10 mg, Neurontin 300 mg, Prilosec 20 mg, and ibuprofen 800 mg. The treatment plan was to continue with medication and physical therapy. The rationale for Percocet 7.5/325 mg, Prilosec 20 mg,

Flexeril 10 mg, and Neurontin 300 mg was not provided. The Request for Authorization form was dated 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids on-going management Page(s): 78.

Decision rationale: The request for Percocet 7.5/325mg #120 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, appropriate medication use, and side effects, with use of random drug screening as needed to verify compliance. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, the average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The injured worker was noted to be taking Percocet 7.5/325 mg since at least 03/24/2014. There was no quantified information regarding pain relief, including a detailed assessment of the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. In the absence of this documentation, the ongoing use of Percocet 7.5/325mg #120 is not supported by the guidelines. As such, the request is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20mg #30 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for patients at risk for gastrointestinal events. The use of a proton pump inhibitor should be limited to the recognized indications and use at the lowest dose for the shortest possible amount of time. Proton pump inhibitors are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. The injured worker was noted to have been taking Prilosec since 10/15/2013. There was a lack of documentation to indicate that the injured worker was at risk for gastrointestinal events or had suffered from gastric ulcers induced by NSAIDs. Additionally, the frequency was not provided. In the absence of this documentation, the ongoing use of

Prilosec 20mg #30 is not supported by the guidelines. As such, the request is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: The request for Flexeril 10mg #60 is not medically necessary. The California MTUS Guidelines state that cyclobenzaprine 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 was noted to have been taking Flexeril since at least 08/13/2013. Additionally, the frequency was not provided. Based on the above, the ongoing use of Flexeril 10mg #60 is not supported by the guidelines. As such, the request is not medically necessary.

Neurontin 300mg: Upheld

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

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

Decision rationale: The request for Neurontin 300mg is not medically necessary. The California MTUS 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. After initiation of an antiepilepsy drug, there should be documentation of pain relief, improvement in function, and side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. During the evaluation on 08/13/2014, the injured worker described her pain as throbbing, aching, burning, and sharp, and complained of numbness in her lower extremities. Since the start of Neurontin on 08/13/2014, there has been no documentation of a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was also a lack of documentation regarding improved function, ability to perform activities of daily living, or adverse side effects from the use of gabapentin. Furthermore, the frequency and quantity was not provided with the request. Due to the lack of pertinent information, the use of gabapentin is not supported by the guidelines, and is therefore not medically necessary.