

Case Number:	CM14-0108721		
Date Assigned:	08/01/2014	Date of Injury:	07/02/2008
Decision Date:	06/30/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old male, who sustained an industrial injury on 7/2/08. The injured worker has complaints of low back and lower extremity pain. The diagnoses have included cervical spondylosis; lumbar disc herniation and lumbar radiculopathy. Treatment to date has included computerized tomography (CT) scan of the cervical spine on 8/26/09 showed a 2 millimeter bulges at C5-C6 and at C6-C7 with no evidence of central stenosis or bilateral foraminal stenosis; magnetic resonance imaging (MRI) lumbar spine on 4/3/14 there was levoscoliosis, no fractures, no bone or soft tissue tumors and the conus was unremarkable; norco; flexeril; motrin; gabapentin and prilosec and injections. The request was for neurontin 300mg #90 with 5 refills; norco 10/325mg #60 with 5 refills and flexeril 10mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant sustained a work injury in July 2008 and continues to be treated for neck pain, lumbar pain, and residual left shoulder pain. When seen, pain was rated at 8/10. There had been no improvement after three or point injections. Physical examination findings included decreased cervical and lumbar spine range of motion with muscle spasms. He had upper and lower extremity dysesthesias. There was discomfort when elevating the left upper extremity without resistance. Medications being prescribed include Norco at a total MED (morphine equivalent dose) of 20 mg per day. His Neurontin dose is 900 mg per day. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended and he has ongoing symptoms without medication side effects. Ongoing prescribing at this dose is not medically necessary.

Norco 10/325mg, #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in July 2008 and continues to be treated for neck pain, lumbar pain, and residual left shoulder pain. When seen, pain was rated at 8/10. There had been no improvement after three or point injections. Physical examination findings included decreased cervical and lumbar spine range of motion with muscle spasms. He had upper and lower extremity dysesthesias. There was discomfort when elevating the left upper extremity without resistance. Medications being prescribed include Norco at a total MED (morphine equivalent dose) of 20 mg per day. His Neurontin dose is 900 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.

Flexeril 10mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p 41 (2) Muscle relaxants, p 63 Page(s): 41, 63.

Decision rationale: The claimant sustained a work injury in July 2008 and continues to be treated for neck pain, lumbar pain, and residual left shoulder pain. When seen, pain was rated at 8/10. There had been no improvement after three or point injections. Physical examination findings included decreased cervical and lumbar spine range of motion with muscle spasms. He had upper and lower extremity dysesthesias. There was discomfort when elevating the left upper extremity without resistance. Medications being prescribed include Norco at a total MED (morphine equivalent dose) of 20 mg per day. His Neurontin dose is 900 mg per day. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.