

Case Number:	CM14-0195258		
Date Assigned:	11/24/2014	Date of Injury:	05/21/2009
Decision Date:	01/23/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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 patient is a 44 year old female with date of injury 5/21/09. The treating physician report dated 10/28/14, (not provided in documentation) indicates that the patient presents with severe pain affecting the low back radiating into bilateral lower extremities. The physical examination findings reveal tenderness to palpation of the lumbar spine from L2 to L5 as well as bilateral spinal muscle spasm with limited range of motion of the lumbar spine. Prior treatment history includes physical therapy, injections, medication, EMG/NCV, CT, MRI and x-rays. MRI findings of the right hip joint reveal tendinopathy and partial tear of the proximal tendon/origin of the right rectus femoris muscle from the anterior inferior iliac spine. The current diagnoses are: Failed back syndrome; lumbar radiculitis; and status post lumbar fusion. The utilization review report dated 11/03/14, denied the request for Mobic 15 mg #30 and Zanaflex 4 mg #60 based on them not being supported for long-term therapy. The utilization review report dated 11/03/14, denied the request for Neurontin 300 mg #90 based on the fact that criteria for continuance of medication has not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

Decision rationale: The patient presents with severe low back pain with radiation to the lower extremities. The current request is for Mobic 15 mg #30. The treating physician states that the patient's pain is 8-9/10. The MTUS guidelines stated that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the treating physician has not provided documentation as to how long the patient has been prescribed NSAIDs and if there is any significant pain relief or functional benefit. The injury was in 2009 and there is no indication of new injury. MTUS guidelines do not support ongoing chronic use of NSAID therapy; therefore, this request is not medically necessary.

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-66.

Decision rationale: The patient presents with severe low back pain with radiation to the lower extremities. The current request is for Zanaflex 4 mg #60. The treating physician states that the patient's pain is 8-9/10. The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). In this case, the treating physician has not provided documentation of significant functional or vocational benefit with the use of muscle relaxants, and muscle relaxants are supported only for short-term treatment. Therefore, this request is not medically necessary.

Neurontin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: The patient presents with severe lower back pain with radiation to the lower extremities. The current request is for Neurontin 300 mg #90. The treating physician states that the patient's pain is 8-9/10. The MTUS guidelines state that antiepilepsy drugs (AEDs) are recommended for neuropathic pain, which the patient exhibits. However, the MTUS guidelines further state that "a 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are

considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." In this case, the treating physician has not provided documentation as to the patient's response to the use of AEDs. No documentation has been provided as to improvement in function or side effects incurred with use. Therefore, this request is not medically necessary.