

Case Number:	CM14-0211938		
Date Assigned:	01/02/2015	Date of Injury:	01/08/2013
Decision Date:	02/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/17/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehab

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 27 year-old male with a 1/8/2013 date of injury. According to the 11/6/14 pain management report, the patient presents with low back pain that radiates down the left buttock and leg to the toes. Onset was from heavy lifting on 1/8/13. MRI shows disc bulging at L4/5 and L5/S1. His diagnoses include: lumbar sprain; lumbar radiculopathy; lumbar facet arthropathy; lumbar foraminal stenosis secondary to facet arthropathy; status post lumbar laminectomy and discectomy; depression and anxiety; insomnia. The pain management physician states "although there is improvement, the pain relief is not sufficient enough to improve functionality and decrease the use of oral medication." The physician refills medications including Percocet 10/325mg 5-6/daily, #160; Soma 350mg #90 tid; Motrin 800mg #120, qid; gabapentin 600mg #90, tid; Butrans patch 20mcg #4, q7days, and he requests a back brace. 15 medical reports from 5/8/14 through 12/9/14 are provided for this review. On 12/9/14 utilization review assessed the single medical report dated 11/6/14, and denied the use of Soma, gabapentin, Butrans and the back brace. The rationale was that muscle relaxants are not recommended for long term, and back braces are not recommended by ACOEM, and there was no neuropathic pain. Although the reviewer did approve an lumbar ESI, Percocet#30, and Motrin #45. The reviewer did not provide a rationale for modifying the Percocet or Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89.

Decision rationale: The available records show the patient was provided a refill of Percocet on 7/3/14, but the prior report dated 6/5/14 shows use of Norco. There is no assessment of pain, but the physician does report function using a patient comfort assessment guide at 5/10 for activities of daily living (ADLs) and 7/10 work. The follow-up visit on 8/7/14 shows the same 5/10 ADL and 7/10 work despite use of Percocet. The more current reports from 9/4/14 through 12/4/14 do not provide assessment of pain or function with use of medications. MTUS Chronic Pain Medical Treatment Guidelines, pages 88-89 Criteria for use of opioids for Long-term Users of Opioids (6-months or more) states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The reporting does not discuss baseline pain or function levels and the follow-up reports do not compare pain or function to baseline measurements. The MTUS reporting requirements for use of opioids has not been met. The request is not in accordance with MTUS guidelines. The request for Percocet 10/325 #160 is not medically necessary.

Soma 350mg #90: 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 records show the patient has been using Soma continuously since 5/8/14. On 11/6/14 the physician recommended refill for Soma, 350mg, #90, tid. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. The use of Soma over 3 weeks is not in accordance with MTUS guidelines. The request for Soma 350mg #90 is not medically necessary.

Motrin 800mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22, 9.

Decision rationale: The available records show the patient was using naproxen prior to Motrin. The first record showing Motrin was 7/3/14. There is no assessment of pain, but the physician does report function using a patient comfort assessment guide at 5/10 for ADLs and 7/10 work. The follow-up visit on 8/7/14 shows the same 5/10 ADL and 7/10 work despite use of Motrin. The more current reports from 9/4/14 through 12/4/14 do not provide assessment of pain or function with use of medications. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement", and on page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Motrin. MTUS does not recommend continuing treatment if there is not a satisfactory response. Based on the available records and the MTUS guidelines, the request for Motrin 800mg #120 is not medically necessary.

Gabapentin 600mg #90: Upheld

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

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

Decision rationale: The first record showing use of gabapentin was 7/3/14. There is no assessment of pain, but the physician does report function using a patient comfort assessment guide at 5/10 for ADLs and 7/10 work. The follow-up visit on 8/7/14 shows the same 5/10 ADL and 7/10 work despite use of Motrin. The more current reports from 9/4/14 through 12/4/14 do not provide assessment of pain or function with use of medications. MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for anti-epilepsy drugs Antiepilepsy drugs (AEDs) Outcome state: 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. MTUS guidelines recommend anti-epileptic drug (AED) medications such as gabapentin for neuropathic pain, but require at least a 30% reduction in pain to continue. There is no indication that the gabapentin has provided any relief in the available records. Based on the provided medical records, the request for Gabapentin 600mg #90 is not medically necessary.

Butrans patch mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Therapeutic Trial of Opioids On-Going Management Page(s): 76-80.

Decision rationale: The first record showing use of Butrans patch was 9/4/14. There is no discussion of efficacy in subsequent reports. MTUS pages 76-80 state the Actions Should Include: Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS criteria for use of opioids have not been met. There is not discussion of improved function or pain relief with Butrans patches. Based on the provided records, the request for Butrans patch mcg #4 is not medically necessary.

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308.

Decision rationale: The physician requested a lumbar back brace on 12/4/14. There is no rationale provided. The 12/9/14 reports states the patient is not working. MTUS/ACOEM Chapter 12 Low Back page 301 states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. MTUS/ACOEM, Chapter 12, Low Back, page 308, Table 12-8, "Summary of Evidence and Recommendations": Corsets for treatment - Not Recommended. In occupational setting, corset for prevention- Optional. The MTUS/ACOEM guidelines do not recommend the lumbar braces beyond the acute phase of care. If the patient was working, the guidelines state the lumbar brace is an option for prevention. Based on the available medical records and the MTUS/ACOEM guidelines, the request for the back brace is not medically necessary.