

Case Number:	CM14-0214571		
Date Assigned:	01/07/2015	Date of Injury:	12/29/1993
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old male patient who sustained a work related injury on 12/29/1993. The current diagnoses include status post lumbar fusion and residual lumbar pain with radiculopathy. According to the doctor's note dated 9/25/2014, he had complaints of low back pain with numbness and tingling. Physical examination revealed spasm, tenderness and decreased range of motion of lumbar spine. According to the doctor's note dated 10/23/2014, patient had exacerbation of pain but improved with last epidural steroid injection. The current medications list includes neurontin, norco and norflex. Any diagnostic imaging study report was not specified in the records provided. He has undergone lumbar fusion. He has had caudal epidural steroid injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg # 30: Overturned

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 Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

Decision rationale: This is a request for Neurontin 300 mg # 30. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic Pain Guidelines Gabapentin (Neurontin) has been 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. Per the cited guidelines, CRPS: Recommended as a trial. (Serpell, 2002)Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. Per the records provided patient had low back pain with radiation with tingling and numbness with diagnosis of lumbar radiculopathy and history of lumbar surgery. Gabapentin is recommended in a patient with such a condition. This request for Neurontin 300 mg # 30 is medically appropriate and necessary for this patient.

Norflex 100 mg # 30: 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 Muscle relaxants (for pain), Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, g.

Decision rationale: This is a request for Norflex 100 mg # 30. Norflex contains Orphenadrine which is antispasmodic. Per the cited guidelines, it is used to decrease muscle spasm in conditions such as LBP for a short period of time. According to the cited guidelines this drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti-cholinergic properties. Per the cited guidelines, regarding muscle relaxants, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants are recommended for a short period of time. The patient has had chronic pain since 1993. Response to NSAIDs (first line option), without second line options like muscle relaxants, is not specified in the records provided. The medical necessity of Norflex 100mg # 30 is not fully established for this patient at this time.