

Case Number:	CM15-0013156		
Date Assigned:	01/30/2015	Date of Injury:	07/26/2013
Decision Date:	03/26/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/23/2015

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 & Rehabilitation

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 53-year-old male sustained a work-related injury to the lower back on 07/26/2013. The Doctor's First Report of Occupational Injury or Illness, dated 11/20/2014 states his diagnoses as lumbar herniated disc with stenosis and lumbar radiculopathy. He reports pain in the lower back with occasional numbness, tingling, weakness and pain in the bilateral lower extremities. Previous treatments included epidural steroid injections, chiropractic and non-steroidal anti-inflammatory drugs (NSAIDs). The treating provider requests Cyclobenzaprine 7.5mg, #120; Gabapentin 600mg, #30 and Norco 10/325mg, #120. The Utilization Review on 12/29/2014 non-certified Cyclobenzaprine 7.5mg, #120; Gabapentin 600mg, #30 and Norco 10/325mg, #120, citing CA MTUS guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

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

Decision rationale: The 53 year old patient presents with constant, stabbing low back pain, rated at 4-9/10, along with occasional numbness and tingling in bilateral lower extremities, as per progress report dated 12/12/14. The request is for CYCLOBENZAPRINE 7.5 mg # 120. There is no RFA for this case, and the patient's date of injury is 07/26/13. Medications included Norco, Flexeril and Gabapentin, as per progress report dated 12/12/14. Diagnoses, as per the same progress report, included lumbar HNP with stenosis at L5-S1, lumbar radiculopathy, and facet arthropathy of the lumbar spine. The patient is not working but has been allowed to work with restrictions, as per progress report dated 12/12/14. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription of cyclobenzaprine or Flexeril was noted in progress report dated 09/19/14, and the patient has been taking the medications consistently at least since then. Prior progress reports have documented the use of Soma. In progress report dated 12/12/14, the treater states that Flexeril "reduces spasms, improves sleep." In the same report, the treater also states that "medications decrease his pain by 50% and allows him to increase his walking distance by about 20 minutes." The report also states that the medications have no side effects at this time. However, this discussion about reduction in pain and improvement in function is not specific to cyclobenzaprine. Additionally, MTUS only recommends short-term use of muscle relaxants. Hence, this request 120 tabs is excessive, and IS NOT medically necessary.

Gabapentin 600mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The 53 year old patient presents with constant, stabbing low back pain, rated at 4-9/10, along with occasional numbness and tingling in bilateral lower extremities, as per progress report dated 12/12/14. The request is for GABAPENTIN 600 mg # 30. There is no RFA for this case, and the patient's date of injury is 07/26/13. Medications included Norco, Flexeril and Gabapentin, as per progress report dated 12/12/14. Diagnoses, as per the same progress report, included lumbar HNP with stenosis at L5-S1, lumbar radiculopathy, and facet arthropathy of the lumbar spine. The patient is not working but has been allowed to work with restrictions, as per progress report dated 12/12/14. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and posttherapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription of Gabapentin is first noted

in progress report dated 09/19/14, and the patient has been taking the medication consistently at least since then. In progress report dated 12/12/14, the treater states that the medication "reduces radicular symptoms improves sleep and walking." In the same report, the treater also states that "medications decrease his pain by 50% and allows him to increase his walking distance by about 20 minutes." The report also states that the medications have no side effects at this time. The patient has been diagnosed with lumbar radiculopathy, as per the same report. Given the patient's chronic pain and neuropathic symptoms, the use of Gabapentin IS medically necessary.

Norco 10/325mg, #120;: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 53 year old patient presents with constant, stabbing low back pain, rated at 4-9/10, along with occasional numbness and tingling in bilateral lower extremities, as per progress report dated 12/12/14. The request is for NORCO 10/325 mg, # 100. There is no RFA for this case, and the patient's date of injury is 07/26/13. Medications included Norco, Flexeril and Gabapentin, as per progress report dated 12/12/14. Diagnoses, as per the same progress report, included lumbar HNP with stenosis at L5-S1, lumbar radiculopathy, and facet arthropathy of the lumbar spine. The patient is not working but has been allowed to work with restrictions, as per progress report dated 12/12/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 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 page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Norco is first noted in progress report dated 09/19/14, and the patient has been taking the medication consistently at least since then. In progress report dated 12/12/14, the treater states that the medication "reduces pain improves walking." In the same report, the treater also states that "medications decrease his pain by 50% and allows him to increase his walking distance by about 20 minutes." The report also states that the medications have no side effects at this time. However, these statements are not specific to Norco. Although a UDS report dated 09/08/14 has been consistent with opioid use, no CURES reports are available for review. MTUS requires clear documentation about the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for chronic opioid use. Hence, this request IS NOT medically necessary.