

Case Number:	CM15-0016431		
Date Assigned:	02/03/2015	Date of Injury:	07/23/2013
Decision Date:	06/11/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 36 year old female, who sustained an industrial injury on 7/23/13. She has reported initial complaints of pain in the low back after transferring a patient from bed to gurney she heard a popping in the back and immediate pain in the mid back. The diagnoses have included thoracic pain and thoracic degenerative disc disease (DDD). Treatment to date has included medications, diagnostics, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 12/17/14, the injured worker complains of mid back pain rated 3/10 on pain scale with medications and 9/10 without medications and reports that the pain radiates around the sides. The objective findings revealed restricted range of motion in the cervical spine, tenderness to palpation over the lower thoracic region, and Spurling's maneuver causes pain in the neck. The thoracic spine reveals spasm and tenderness bilaterally. The lumbar spine range of motion was restricted, lumbar facet loading was positive bilaterally and there was decreased sensation on the right to light touch. The current medications included Flexeril, Neurontin, Norco, Ibuprofen, Xanax and Wellbutrin. The urine drug screen dated 10/24/14 was consistent with the medications prescribed. The physician noted that she is stable on current medication regimen and has not changed this regimen in greater than 6 months. The physician requested treatments included Neurontin 300mg #60, Flexeril 10mg #60 and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 49, 16-22.

Decision rationale: According to the MTUS gabapentin is an anti-epilepsy drug (AED), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Gabapentin is also recommended for the treatment of chronic neuropathic pain. It is recommended as a trial for CRPS, Fibromyalgia and lumbar spinal stenosis. The recommended trial period is 3-8 weeks for titration, then one to two weeks at maximum tolerated dosage. In this case the documentation doesn't support that the patient has an appropriate diagnosis for the use of gabapentin or that the IW has had functional improvement while taking this medication. The request is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasticity drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case the patient has been using flexeril for treatment of chronic pain for longer than what is recommended. The continued use of flexeril isn't medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids. Decision based on Non-MTUS Citation California Medical Board Guidelines for Prescribing Controlled Substances for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had functional improvement while taking Norco. The continued use is not medically necessary.