

Case Number:	CM15-0119446		
Date Assigned:	06/29/2015	Date of Injury:	02/01/2012
Decision Date:	08/27/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 28 year old male injured worker suffered an industrial injury on 02/01/2012. The diagnoses included failed back surgical syndrome, lumbar spine recurrent disc herniation, lumbar myoligamentous soft tissue injury with associated right radiculopathy and microlumbar decompressive surgery. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with spinal surgery, medications, physical therapy, acupuncture, epidural steroid injections and chiropractic therapy. On 4/29/2015 the treating provider reported low back pain with no significant changes since last visit. He rated the pain 8/10 with muscle spasms which were reduced by Flexeril. On exam there was tenderness to the lumbar spine at the lumbar facet and reduced range of motion. The Percocet helped decrease the pain by 40% and allowed him to walk for longer periods. The Gabapentin helped to decrease neuropathic pain and allow him to relax more. On 5/12/2015 the QME provider reported he continued to rely on strong prescription medications to control his lower back and right leg pain. He was experiencing right leg weakness in which the right leg will unexpectedly give way. He stated his right ankle also feels weak and uses a cane to prevent falls. The treatment plan included Norflex, Percocet and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle Relaxants: Norflex.

Decision rationale: According to the ODG, Norflex (Orphenadrine) is a muscle relaxant 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 anticholinergic properties. According to CA MTUS guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory drugs (NSAIDs) alone, and are not recommended for the long-term use of chronic pain. In this case, there is no documentation of muscle spasms on exam. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Neurontin 600mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 17-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gabapentin.

Decision rationale: According to the CA MTUS and the ODG, Neurontin (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. The MTUS states that 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. In this case the patient has neuropathic pain but there is no evidence of significant pain relief or objective functional improvement with use of this medication. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.