

Case Number:	CM15-0124571		
Date Assigned:	07/09/2015	Date of Injury:	03/19/2009
Decision Date:	08/19/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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 injured worker is a 58 year old female who sustained an industrial injury on 03/19/2009 resulting in injury to the neck and low back. Treatment provided to date has included: lumbar surgery; cervical spine surgery; physical therapy; acupuncture and nerve blocks with minimal and temporary relief; cervical median branch blocks (2013); epidural steroid injections resulting in a temporary 50% reduction in pain; medications; and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine per the progress report (PR-2) dated 02/2014 showing a 5-6mm broad-based central disc protrusion with annular tear at L5-S1, disc bulge at L3-4, and degenerative disc disease at T11-L3. Comorbidities included asthma and COPD/emphysema. There were no other dates of injury noted. On 06/01/2015, physician progress report (PR-2) noted complaints of low back pain with radiating pain into both lower extremities, and neck pain with radiating pain into the right upper extremity and right shoulder. The injured worker stated that "she was doing the same and that medications help relieve her pain and carry out her daily activities." The pain was rated 4/10 in severity. Previous pain ratings included: 2/10 in 01/2015, and 4/10 in 03/2015 and 04/2015. Current medications include Robaxin 750mg twice daily as needed; Percocet 5-325mg one tablet every day; Neurontin 300mg 3 tablets 3 times per day; and Norco 10-325mg one tablet 3 times per day as needed. The records show that these medications have been prescribed 12/2014. The physical exam revealed no abnormal findings. A previous PR-2 reported complaints of depression, and revealed some painful range of motion in the cervical and lumbar spines and positive straight leg raise on the right with no other abnormal findings. The provider noted diagnoses of cervicgia, lumbar spine

pain, status post cervical spine fusion, cervical radiculopathy, lumbar radiculopathy, and lumbar degenerative disc disease. Plan of care includes medication counseling, urine drug screen, refill of current medications, and follow-up in one month. The injured worker's work status was not mentioned in the PR-2. The request for authorization and IMR (independent medical review) includes: 2 office visits, gabapentin 300mg, Oxycodone/acetaminophen (Percocet) 5-325mg, Hydrocodone/acetaminophen (Norco) 7.5-325mg, and methocarbamol (Robaxin) 750mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit, Qty 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - Evaluations & Management (E&M).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter - Office visits, and Low Back - Lumbar & Thoracic (Acute & Chronic) - Office Visits.

Decision rationale: Office visits are recommended and determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the plan of care included a follow-up in one month, which is considered to be medically reasonable and necessary. However, there is no documented reason for the request for an additional visit at this time. As such, it would be suitable to establish the need for additional office visits on the next follow-up, which would be dependent of the treatment plan. Therefore, medical necessity for the (2) requested office visits has not been established. The requested office visits are not medically necessary.

Gabapentin 300 mg Qty unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin) Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Neurontin (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) and Anti-epilepsy drugs (AEDs) Page(s): 49, 16-21.

Decision rationale: According to California MTUS Guidelines, Anti-Epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Gabapentin (Neurontin) is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of AEDs is a 30-50% reduction in pain. The MTUS states; "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. A lack of response of this magnitude may indicate the need 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." In this case, the injured worker has been taking gabapentin (Neurontin), in addition to narcotic analgesics, for several months with no significant measurable improvement in pain or function documented with this medication. Without evidence of improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED) or a combination of therapy. In addition, there was no quantity of Neurontin requested. The PR-2 did show a current dosing quantity of #270; however, it is not clear if this was a current amount or a new requested amount. Therefore, Neurontin 300mg is not medically necessary.

Oxycodone/Acetaminophen 5/325 mg Qty unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids.

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

Decision rationale: Percocet (Oxycodone/acetaminophen) contains a narcotic (opioid) pain reliever and is used to treat moderate to moderately severe pain. MTUS discourages long-term usage of opioids unless there is evidence of "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 also recommends the discontinuation of Oxycodone (an opioid) when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. Upon review of the submitted documentation, the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) intensity of pain after taking the opioid; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; or 7) improvement in function. In addition, there has been no overall measurable improvement in function or decrease in pain while taking this medication over the last several months. Furthermore, there was no quantity requested. The PR-2 did show a

current dosing quantity of #30; however, it is not clear if this was a current amount or a new requested amount. As such, Oxycodone/Acetaminophen 5-325mg #120 is not medically necessary.

Hydrocodone/Acetaminophen 7.5/325 mg Qty unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids.

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

Decision rationale: Hydrocodone/ Acetaminophen (Norco) is an opioid drug that is used to treat moderate to moderately severe pain. The MTUS discourages long-term usage unless there is evidence of "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 also recommends the discontinuation of Norco when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. Upon review of the submitted documentation, the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) intensity of pain after taking the opioid; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; or 7) improvement in function. In addition, there has been no overall measurable improvement in function or decrease in pain while taking this medication over the last several months. Furthermore, there was no quantity requested. The PR-2 did show a current dosing quantity of #30; however, it is not clear if this was a current amount or a new requested amount. As such, Hydrocodone/ Acetaminophen (Norco) 10-325mg #90 is not medically necessary.

Methocarbamol 750 mg Qty unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Non sedating muscle relaxants.

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

Decision rationale: Robaxin (Methocarbamol) is an antispasmodic muscle relaxant. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. According to CA MTUS Guidelines, muscle relaxants are not recommended for the long-term treatment of chronic pain. They are not recommended to

be used for longer than 2-3 weeks. According to the guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. The clinical notes show that the injured worker has been prescribed Methocarbamol for several months. There is insufficient evidence of reduction in pain and improvement in function with the use of this medication. Additionally, there were no palpable muscle spasms upon exam, or complaints of muscle spasms by the injured worker. Furthermore, the MTUS does not recommend or support the long-term use of muscle relaxants. Moreover, there was an unspecified quantity requested. Medical necessity for the requested medication has not been established. The requested Methocarbamol is not medically necessary.