

Case Number:	CM15-0126798		
Date Assigned:	07/13/2015	Date of Injury:	01/09/2013
Decision Date:	08/19/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/30/2015

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: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial injury on 01/09/2013. Mechanism of injury was not documented. Diagnoses include lumbar discogenic disease, lumbar radiculopathy, chronic low back pain, L4-5 Grade I anterolisthesis and severe stenosis. Treatment to date has included diagnostic studies, status post anterior lumbar discectomy, partial corpectomy L4-L5 level, instrumentation of L4-L5 level, fusion of L4-L5, placement of anterior instrumentation at L4-L5 level with partial corpectomy on 01/24/2015, medications, home health assistance, and lumbar epidural steroid injection. Current medications include, Anaprox, Flexeril, Norco, and Neurontin. He is totally temporarily disabled. A physician progress note dated 06/09/2015 documents the injured worker complains of low back pain. His pain without medications is 8-10 out of 10, and with medications, his pain is 4 out of 10 on the pain scale. With his medications, he is able to walk for about an hour. He is walking better and with less pain. He has a positive straight leg raising on the left leg and recurring left leg pain. The treatment plan includes a return visit in 8 weeks, continuation of his walking and a consultation with an urologist. Treatment requested is for Anaprox 550mg 1 tablet by mouth twice daily #60, Flexeril 7.5m 1 tablet at bedtime #30, Neurontin 600mg 1 tablet by mouth three times daily #90, and Norco 10-325mg 1-2 tablet twice a day #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg 1 tablet by mouth three times daily #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug, which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 600mg is not medically necessary.

Anaprox 55mg 1 tablet by mouth twice daily #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Anaprox 55mg 1 tablet by mouth twice daily #60 is not medically necessary.

Flexeril 7.5m 1 tablet at bedtime #30: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Flexeril. The patient has been taking Flexeril for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Flexeril 7.5m 1 tablet at bedtime #30 is not medically necessary.

Norco 10-325mg 1-2 tablet twice a day #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10-325mg 1-2 tablet twice a day #120 is not medically necessary.