

<b>Case Number:</b>	CM15-0171940		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	09/22/2008
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 73 year old female who sustained an injury on 9-22-08. The medical records indicate she has chronic low back pain since her injury. 5-7-15 the follow up examination reveals she was status post lumbar medial branch blocks with significant pain relief of 70% for one week. She started Neurontin with 30-40% pain relief. Medications prescribed included Percocet 10 mg-325 tablet ½ to 1 tablet twice a day; Flexeril 10 mg 1 twice a day as needed; Neurontin 300 mg 1 tablet x 30 days. On 6-10-15 she had radiofrequency ablation of the lumbar facet medial branch nerves. The follow up examination on 7-28-15 reports her pain at its least was 2 out of 10 and at its worse was 4 out of 10. She was feeling very well with respect to her pain level. Physical examination lumbar spine reveals palpation of the lumbar facet reveals pain on both sides at L3-S1; palpable twitch positive trigger points were noted in the lumbar paraspinal muscles; anterior lumbar flexion causes pain; pain with lumbar extension and left lateral flexion. Her gait appears to be normal; able to do heel and toe walk. Diagnoses are lumbar spondylosis; degenerative disc disease, lumbar; failed back syndrome, lumbar; trochanteric bursitis of both hips. She has undergone bilateral RFL and has a significant decrease in her pain level. No refills of her medications were prescribed during this visit as she has not had to take her medications in several days after having intravenous steroids for an anaphylactic reaction. She is receiving greater than 50 % relief while on her medication and is functional and participates in the daily activities. The examination on 8-4-15 reports she has moderate pain in the back that was increased by standing, walking and activity. Her pain is rated 6 out of 10 and is constant. Physical examination lumbar spine palpation of the lumbar facet reveals pain on both sides at L3-S1 and pain with lumbar extension. The treatment plan included medications

Percocet 10mg-325 mg tablet ½ - 1 tablet every 8 hours as needed; Cyclobenzaprine 7.5 mg ½ tablet every 8 hours for 30 days #60; Neurontin 300 mg capsule 1 tablet for 30 day #90. Current requested treatments: Retrospective Cyclobenzaprine 7.5 mg #60; Neurontin 300 mg #90; Percocet 10-325 mg #30. Utilization review 8-17-15 all requested treatments were denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective: Cyclobenzaprine 7.5mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** CA MTUS recommends muscle relaxants such as Flexeril with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The greatest effect of Flexeril appears to be in the first 4 days of treatment. Long-term use is not recommended. In this case, Flexeril is being utilized in a long-term fashion, which is not recommended. Therefore the request for continuing Flexeril is not medically necessary or appropriate.

**Retrospective: Neurontin 300mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** CA MTUS Guidelines state that anticonvulsant drugs are recommended as a first-line treatment of neuropathic pain. Neurontin is specifically recommended for painful diabetic neuropathy and post-herpetic neuralgia. In this case, the patient has neither condition. There is also no documentation of functional benefit with previous use of neurontin, however the patient has experienced significant pain relief with Neurontin. Therefore, due to the lack of documentation of significant functional benefit, the request is not medically necessary or appropriate.

**Retrospective: Percocet 10-325mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** CA MTUS Guidelines supports ongoing use of opioid therapy if the prescriptions are from a single practitioner, are prescribed at the lowest possible dose and if

there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. Guidelines also state that short-acting opioids such as Percocet are indicated for intermittent or breakthrough pain. Ongoing opioids are supported if there is documentation of significant pain relief, improvement in function and return to work. In this case the patient has not returned to work and the medical necessity for continuation of opioids is not established. In addition, the issue of dysphoria due to multiple centrally acting medications in an elderly patient should be investigated to ascertain whether the patient is being over-medicated. For the above reasons, the request for Percocet is not medically necessary or appropriate.