

Case Number:	CM15-0173720		
Date Assigned:	09/15/2015	Date of Injury:	12/06/2011
Decision Date:	12/18/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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: 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 49 year old male who sustained an industrial injury on 12-6-2011. A review of medical records indicates the injured worker is being treated for discogenic cervical condition with MRI disc disease from C4 through C7 and discogenic lumbar condition with MRI showing disc disease along the lumbar spine with facet hypertrophy noted at L3-4, L4-5, and L5-S1. Medical records dated 8-18-2015 noted cervical difficulties. Physical examination noted facet loading along the cervicolumbar spine Pain scale is unavailable. Strength was grade 5 strength in the upper and lower extremity. Treatment has included chiropractic care, acupuncture, Norco, Naproxen, Ultracet, Neurontin, Maxalt, and Norflex. Maxalt since at least 4-29-2015 and Norflex since at least 8-18-2015. Ultracet since 8-18-2015 and neurontin since at least 3-24-2015. Utilization review form dated 8-26-2015 noncertified Norflex 100mg and Maxalt 10mg and modified ultracet and neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tabs of Norflex 100mg: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management, and a reduction in the dependency on continued medical treatment." The guidelines recommend "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain." Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, with no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, with prolonged use of some medications in this class leading to dependence, and despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine (Norflex) is an antispasmodic muscle relaxant. Review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional benefits. The injured worker's work status remains unchanged and there is no change on medical dependence. Therefore, the request treatment: 60 Tabs of Norflex 100mg is not medically necessary.

12 Tabs of Maxalt 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter-- Rizatriptan (Maxalt®).

Decision rationale: As per Official Disability Guidelines (ODG) Maxalt is a triptan drug, recommended for migraine headaches. Meta-analyses of double-blind placebo-controlled studies have confirmed the superior efficacy of rizatriptan. (Gbel, 2010) While the Maxalt brand of rizatriptan therapy is more expensive than other triptans, savings can be expected in reduced migraine-related loss of work productivity compared with less effective treatments. Within the submitted medical records, there is no clear documentation that this injured worker has migraine headaches. The requested treatment: 12 Tabs of Maxalt 10mg is not medically necessary.

60 Tabs of Ultracet 37.5mg: 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, criteria for use, Opioids for chronic pain.

Decision rationale: The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical documentation there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity for the requested medication has not been established. The requested treatment: 60 Tabs of Ultracet 37.5mg is not medically necessary.

90 Tabs of Neurontin 600mg: 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Gabapentin (Neurontin®).

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, 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 records documented that this injured worker has chronic pain. Neurontin has been part of his medical regimen. However, there is no documentation of subjective or objective findings consistent with improvement of pain to necessitate use of Neurontin. Also Medical Records do not show that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Medical necessity for Neurontin has not been established.