MAXIMUS Federal Services

Case Number:	CM15-0173971		
Date Assigned:	09/15/2015	Date of Injury:	04/27/2012
Decision Date:	10/22/2015	UR Denial Date:	08/19/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 58 year old female who sustained an industrial injury on 04/27/2012. The injured worker was diagnosed as situation post L4-S1 TLIF (transforaminal lumbar interbody fusion) on 12-05-2013, L3-L4 facet arthropathy and ligamentum flavum hypertrophy contributing to central and foraminal narrowing. She continues to have back pain. Treatment to date has included medications and injections. On 08-03-2015, the injured worker is seen in follow-up and has a complaint of increased back pain and worsening of her activities of daily living. She feels the Norco is not effective for her. A facet block is scheduled for later in the month. Lumbar exam finds the worker has difficulty changing positions from sitting to standing, there is tenderness in the posterior lumbar region with myospasms. Her gait is antalgic. The treatment plan is for treatment by pain management practitioner. She was given prescription for Nucynta ER 50 mg one orally every 12 hours for severe pain. Prescriptions were also given for Neurontin, Robaxin, and Xanax as well as Ambien for sleep. Norco was discontinued. A request for authorization was submitted for Robaxin 750mg #120, Neurontin 400mg #120, Nucynta ER 50mg #60, Xanax 0.5mg #90. A utilization review decision (08/19/2015) non-certified the requests for Robaxin, Neurontin, and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #120: 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: Based on the 8/3/15 progress report, provided by the treating physician, this patient presents with increased back pain. The treater has asked for Robaxin 750mg #120 on 8/3/15. The request for authorization was not included in provided reports. The patient is s/p L4-S1 TLIF from 12/5/13. The patient has difficulty changing positions from sitting to standing per 8/3/15 report. The patient's pain is not well managed by current medication regimen per 5/6/15 report. The patient is stating that Norco is not effective for her per 8/3/15 report. The patient has difficulty managing her day to day activities per 5/6/15 report. The patient's work status is temporarily totally disabled per 8/3/15 report. MTUS Guidelines, Muscle Relaxants Section, pages 63-66 for muscle relaxants (for pain) states: 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. MTUS Guidelines, Antispasmodics Section, pages 63-66, under antispasmodics for methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. The treater does not discuss this request in the reports provided. The patient has been taking Robaxin since 10/13/14, and in reports dated 12/18/14, 4/8/15 and 5/6/15. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, MTUS recommends non-sedating muscle relaxants for a short period of time. In conjunction with prior 9 months of usage, the current request for 120 tablets of Robaxin does not indicate short-term use of this medication. Therefore, the requested Robaxin is not medically necessary.

Neurontin 400mg #120: 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 rationale: Based on the 8/3/15 progress report, provided by the treating physician, this patient presents with increased back pain. The treater has asked for Neurontin 400mg #120 on 8/3/15. The request for authorization was not included in provided reports. The patient is s/p L4-S1 TLIF from 12/5/13. The patient has difficulty changing positions from sitting to standing per 8/3/15 report. The patient's pain is not well managed by current medication regimen per 5/6/15 report. The patient is stating that Norco is not effective for her per 8/3/15 report. The patient has difficulty managing her day to day activities per 5/6/15 report. The patient's work status is temporarily totally disabled per 8/3/15 report. MTUS, Antiepilepsy drugs (AEDs) Section, pgs 18, 19 states the following: "Gabapentin (Neurontin, Gabarone, generic available)

has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS, Medications for Chronic Pain, pg. 60: Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Gabapentin has been included in patient's medications, per progress reports dated 10/13/14, 12/18/14, 4/8/15 and 5/6/15. Given patient's symptoms and diagnosis, Gabapentin would appear to be indicated. However, treater has not provided medical rationale for the request, nor discussed medication efficacy. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Therefore, the request is not medically necessary.

Nucynta ER 50mg #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 8/3/15 progress report, provided by the treating physician, this patient presents with increased back pain. The treater has asked for Nucynta ER 50mg #60 on 8/3/15. The request for authorization was not included in provided reports. The patient is s/p L4-S1 TLIF from 12/5/13. The patient has difficulty changing positions from sitting to standing per 8/3/15 report. The patient's pain is not well managed by current medication regimen per 5/6/15 report. The patient is stating that Norco is not effective for her per 8/3/15 report. The patient has difficulty managing her day to day activities per 5/6/15 report. The patient's work status is temporarily totally disabled per 8/3/15 report. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, opioids for chronic pain section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, medications for chronic pain section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's

preference." Treater has not discussed this request; no RFA was provided either. Review of the medical records provided did not indicate a prior use of this medication and it appears that the treater is initiating this medication. The patient was taking Norco since 10/13/14, and stated in 8/3/15 report that Norco is no longer effective. However, initiating a new opioid cannot be supported as there are no functional assessments to necessitate the start of a new opioid. MTUS states that "functional assessment should be made. Function should include social, physical, psychological, daily activities..." Furthermore, there are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant behavior, specific ADL’s, etc. There is no urine drug screen, or CURES report, either. In addition, MTUS pg. 80 states the following regarding opiate use for chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Given the lack of documentation as required by MTUS, and the lack of support for long-term usage for low back pain per MTUS, the request is not medically necessary.