

Case Number:	CM15-0176206		
Date Assigned:	09/10/2015	Date of Injury:	03/08/2002
Decision Date:	10/16/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 63 year old female, who sustained an industrial injury on 3-08-2002. Diagnoses include cervical sprain-strain, C4-5 and C6-7 disc protrusion, bilateral arm radiculitis, thoracic sprain-strain, lumbar sprain-strain, lumbar spondylosis, left shoulder arthroscopy (9-25-2004), right shoulder arthroscopy, and bilateral carpal tunnel releases. Treatment to date has included multiple surgical interventions as well as conservative measures including medications, acupuncture and home exercise. Per the handwritten Primary Treating Physician's Progress Report dated 7-15-2015, the injured reported neck pain. Objective findings included cervical spine tenderness to palpation with guarding and spasms. There was decreased range of motion in all planes. Per the documentation on 7-15-2015, the medications affected a decrease in her pain level from 7-9 out of 10, to 4-5 out of 10 with the use of Norco. Per the report dated 2-16-2015, her pain was rated as 8-9 out of 10 without medications and 5 out of 10 with medication. Authorization was requested on 7-15-2015 for Norco 10-325mg #60, Fexmid 7.5mg #60, Neurontin 600mg #60, aquatic therapy for the cervical spine, thoracic spine and lumbar spine, magnetic resonance imaging (MRI) for the thoracic spine and a vascular surgery consultation. On 8-12-2015, Utilization Review non-certified the request for Fexmid 7.5mg #60, and Neurontin 600mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 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).

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of cyclobenzaprine (also known as Fexmid) for the treatment of chronic pain. Fexmid is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the records indicate that Fexmid is being used as part of a long-term treatment strategy for this patient. As noted in the above-cited guidelines, only short-term use is recommended. There is no evidence in the medical records that long-term use has been associated with significant improvement in the control of the patient's pain or functional abilities. For these reasons, Fexmid is not medically necessary.

Neurontin 600mg #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): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of anti-epilepsy drugs (AEDs), including Neurontin, as a treatment modality. In general, AEDs are used for the treatment of neuropathic pain. When used it is expected that the prescribing clinician monitor outcomes. Regarding these outcomes, the MTUS guidelines state the following: Outcome: 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. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger 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. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the medical records do not provide sufficient evidence that the patient has a neuropathy as a component of their chronic pain syndrome. There is insufficient information in this medical history that describes symptoms consistent with neuropathic pain. Further, there is insufficient information in the physical examination reports that demonstrate findings consistent with neuropathy. Without objective evidence for neuropathy, there is no justification for the use of Neurontin. In summary, Neurontin is not medically necessary.