

Case Number:	CM15-0177210		
Date Assigned:	09/17/2015	Date of Injury:	08/10/2011
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, 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 64 year old male, who sustained an industrial injury on 8-10-2011. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include right shoulder pain, recurrent lumbar disc herniation, and right ankle sprain, status post lumbar surgery in 2012. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing right shoulder and low back pain and muscle spasms with radiation to bilateral lower extremities and right ankle pain. On 8-6-15, there was no physical examination documented. Previous evaluations documented limited range of motion in the lumbar spine. The provider documented the injured worker reported taking four Norco daily, however, it did not show up on the last urine toxicity. A urine drug test was obtained on this date. On 5-14-15, the evaluation documented discontinuation of a Butrans patch secondary to coughing as an adverse event, therefore, Gabapentin 300mg before bed was added. The plan of care included medication management with the addition of Flexeril. The appeal requested authorization for Norco 10-325mg #180; Gabapentin 300mg #30 with two refills; and Flexeril 10mg #30 with one refill. The Utilization Review dated 8-20-15, denied the request stating, "Insufficient documentation of drug efficacies and monitoring to establish medical necessity" per the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 every 4-6 hours PRN (script with 0 refills, 6 weeks supply): 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, Opioids for neuropathic pain, Opioids, criteria for use.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function. Prior urine drug screen from May 2015 indicated inconsistencies with opioids prescribed. The continued use of Norco is not medically necessary.

Gabapentin 300mg #30, 1 tab QHS pen neuropathic pain (script with 2 refills): 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: According to the MTUS guidelines, Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant was on Gabapentin for a few months without significant improvement in pain scores. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

Flexeril 10mg #30 1 tab QHS PRN muscle spasms (script with 1 refill): 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: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other

agents is not recommended. The claimant had been on Flexeril for over a month in combination with opioids. Continued use of Flexeril (Cyclobenzaprine) with an additional refill exceeds the guidelines length of use and is not medically necessary.