

Case Number:	CM15-0178310		
Date Assigned:	09/18/2015	Date of Injury:	09/17/1998
Decision Date:	11/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/10/2015

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, California

Certification(s)/Specialty: Emergency 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 53 year old male who sustained an industrial injury on 9-17-98. According to the medical records he has been treated for ongoing back pain. Progress report dated 8-13-15 reports continued complaints of pain rated 6.5 out of 10 with medications and 8 out of 10 without medications. His activity level has increased and his sleep has been good. Medications include: naproxen 500 mg one twice per day, norco 10-325 mg half to one every 6 hours, roboxin 500 mg 1 three times per day, gabapentin 300 mg 1 three times per day and nortriptyline Hcl 500 mg 1 twice per day. He reports trying to decrease norco to less than his baseline of 3.5 mg per day. His pain was significantly increased and his activity was significantly decreased due to the pain. With his baseline dose he is able to walk 1-2 miles per day and without medication he is unable to exercise. Objective findings: thoracic spine; para-vertebral muscles, hypertonicity, spasm and tenderness is noted on the left side. Lumbar spine range of motion is limited and by pain and guarding observed, flexion 22 degrees, extension 18 degrees. Tenderness is noted on both sides. Diagnoses: post lumbar laminect syndrome. Plan of care includes: continue gabapentin 300 mg to help with increased radicular pain, continue all other medications at current doses and continue spinal cord stimulator use daily. Follow up in 4 weeks. Work status was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg 1 cap q hs #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): Antiepilepsy drugs (AEDs).

Decision rationale: According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these medications for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends 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. The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.

Naproxen 500mg 1 tab bid #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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to CA MTUS chronic pain guidelines, Naproxen is a non-steroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are recommended as an option for short term symptomatic relief for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The documentation does not document a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. The IW has been on this medication for a minimum of 6 months. The request is medically not necessary.

Norco 10/325mg 1/2-1 tab q 6h (max 3 1/2 tab per day) #100: 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, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW states improvement of movement activity with pain medication. The IW has been on this medication for a minimum of 8 months. There is no evidence the medication has been tapered or adjusted. There are no toxicology screens included with the documentation. The request for opiate analgesia is not medically necessary.

Robaxin 500mg 1 tab tib #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): Muscle relaxants (for pain).

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.