MAXIMUS Federal Services

Case Number:	CM15-0178955		
Date Assigned:	09/21/2015	Date of Injury:	09/05/2008
Decision Date:	11/12/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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: Preventive Medicine, Occupational 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 46-year-old male who sustained an industrial injury on September 5, 2008. Diagnoses have included chronic pain, lumbar disc degeneration, disc displacement, radiculopathy, and spinal stenosis. Documented treatment includes unspecified amounts of physical therapy, chiropractic treatments and lumbar epidural steroid injections, all reported as being limited or temporarily beneficial. He also has been treated with medication bringing reported pain levels from 10 out of a 10 down to a 5. The injured worker continues to complain of constant low back pain radiating down both legs to the ankles, with the right side being worse. He reports intermittent numbness and tingling in his feet and that his lower extremities often feel weak. Pain is described as moderate to severe and as "aching, burning, sharp and throbbing," getting worse with activity. He reports severe muscle spasms in his low back and trouble sleeping. The physician's examination on July 31, 2015 showed "slightly to moderately limited" range of motion, and with flexion and extension the pain increased “significantly" in his lower extremities. Straight leg raise from seated position was positive on both sides at 50 degrees. The treating physician's plan of care includes 90 Gabapentin 5 mg; modified to 60; 60 Flexeril 5 mg; which was non-certified; 60 Norco 10-325 mg; modified to 45; and, 60 Tramadol 50 mg; modified to 30. He is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg PO BID prn spasm #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 Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Flexeril 5mg PO BID prn spasm #60 is not medically necessary

Gabapentin 800mg PO TID #90: Overturned

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 states that 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation of functional improvement. I am reversing the previous utilization review decision. Gabapentin 800mg PO TID #90 is medically necessary.

Norco 10/325mg PO BID prn pain #60: Overturned

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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued: (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The records document significant functional improvement and reduction in pain with the continued use of this medication. I am reversing the previous utilization review decision. Norco

10/325mg PO BID prn pain #60 is medically necessary.

Tramadol 50mg PO BID prn pain #60: Overturned

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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued: (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The records document significant functional improvement and reduction in pain with the continued use of this medication. I am reversing the previous utilization review decision. Tramadol 50mg PO BID prn pain #60 is medically necessary.