

Case Number:	CM15-0046176		
Date Assigned:	03/18/2015	Date of Injury:	08/02/2012
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/11/2015

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: Arizona, Michigan 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 61 year old male, who sustained an industrial injury on 8/02/2012, while employed as a truck driver. He reported back pain when unloading a trailer. The injured worker was diagnosed as having lumbago, chronic pain, and lumbar post-laminectomy syndrome. Treatment to date has included conservative measures, including diagnostics, chiropractic, physical therapy, medications, and home exercise program. On 2/25/2015, the injured worker complains of low back pain and burning on bilateral legs. His pain was rated 8/10 with medication use and 9/10 without. Current medications included Gabapentin for neuropathic pain, Tramadol for moderate pain, Norco for severe pain, and Flexeril. He was unable to tolerate oral nonsteroidal anti-inflammatory drugs due to gastritis. Physical exam of the lumbar spine noted an antalgic gait, 5/5 bilateral lower extremity strength, intact sensation, moderate tenderness to palpation over the paraspinals (right greater than left), increased pain with flexion, and positive straight leg test bilaterally. Lumbar magnetic resonance imaging (5/27/2014) was referenced as showing an instrumented fusion at L4-5 and L5-S1, L2-3 disc protrusion with mild central canal stenosis, and probable mild central canal stenosis at L3-4. Electromyogram study (6/18/2013) was referenced as normal. He was administered an injection of Toradol 60mg. Urine toxicology screening (12/05/2014) was documented as consistent. He was currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 2/25/15): Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 89, 95).

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal subjective and objective documentation of pain which appears to be worsening, he is continuing a home exercise program, however he does not appear to be having a satisfactory response to opioid therapy in terms of pain relief as his pain only goes from a 9/10 without medication to 8/10 with medication and therefore the request for Norco 5/325mg #60 is not medically necessary.

Retro (DOS 2/25/15): Ultram/Tramadol 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 113.

Decision rationale: The MTUS states that Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal subjective and objective documentation of pain, which appears to be worsening, he does not appear to be having a satisfactory response to opioid therapy in terms of pain relief, therefore the request for Tramadol 50mg is not medically necessary.

Retro (DOS 2/25/15): Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (anti-epilepsy drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's) Page(s): 16-22.

Decision rationale: Per the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. 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.(Eisenberg, 2007) (Jensen, 2006) 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. A review of the injured workers medical records reveal that the injured worker has not had a satisfactory response to the use of gabapentin and has only reported his pain reducing from 9/10 to 8/10 with medication use and due to side effect of sedation; it was not possible to increase the dose of gabapentin. Since the injured worker is not having a satisfactory response to gabapentin and is having intolerable side effects the continued use of gabapentin does not appear to be medically necessary in this injured worker.

Retro (DOS 2/25/15): Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 64.

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It 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. A review of the injured workers medical records reveal that he has been on cyclobenzaprine for more than 3 weeks which is not consistent with the guideline recommendations and the continued use of Flexeril 7.5mg is not medically necessary.