

Case Number:	CM15-0060389		
Date Assigned:	04/01/2015	Date of Injury:	02/24/1991
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 74 year old male, who sustained an industrial injury on 2/24/1991. The mechanism of injury was not provided for review. The injured worker was diagnosed as status post right knee replacement, lumbar degenerative disc disease, lumbar radiculopathy, bilateral knee pain and low back pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, epidural steroid injection, physical therapy and medications management. In a progress note dated 2/6/2015, the injured worker complains of chronic low back pain and knee pain. The pain score was noted to have decreased from 8/10 to 3-4/10 following the 1/22/2015 lumbar epidural steroid injection procedure. There were objective findings of tenderness to palpation over the lumbar paraspinal muscles and decreased sensation of the lower extremities dermatomes. The treating physician is requesting Neurontin, Percocet and Zanaflex. On 3/20/2015, the provider noted that the IW failed treatment with Neurontin. A prescription for Cymbalta was started.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Gabapentin (Neurontin) Page(s): 16-22, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic and radiculopathic pain. The records indicate that the patient had been on chronic treatment with gabapentin. The most recent records indicate that the Neurontin was discontinued because of treatment failure. But it is of note that the guidelines did not regard lack of efficacy to 300mg BID dosage of Neurontin as treatment failure before titration to therapeutic dosage of 600mg TID regimen. The patient was started on Cymbalta. Therefore, the use of Neurontin 300mg # 60 with 2 Refills is not medically necessary.

Percocet 5/325 mg Qty 120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records did not show guidelines required compliance monitoring reports serial UDS, absence of aberrant drug behavior, CURES data reports or functional restoration. The guidelines do not support refills of opioid medications because of the required documentation of clinic re-evaluations showing compliance monitoring reports and continual medications requirements. The use of Percocet 5/325mg #120 2 refills is not medically necessary.

Zanaflex 2 mg Qty 90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is

associated with the development of tolerance, dependency, addiction and adverse interaction with other sedative medications. The records indicate that the patient had utilized Zanaflex longer than the guidelines recommended maximum duration of use of up to 6 weeks. The guidelines did not support medication refills because of the requirement for documentation of continual medications use and functional restoration at clinic re-evaluations. The use of Zanaflex 2 mg #90 with 2 refills is not medically necessary.