

Case Number:	CM15-0076612		
Date Assigned:	04/28/2015	Date of Injury:	10/28/2013
Decision Date:	05/26/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	04/22/2015

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: North Carolina, Georgia
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 47-year-old female, who sustained an industrial/work injury on 10/28/13. She reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar sprain/strain, muscle spasm, degenerative disc disease. Treatment to date has included medication, diagnostics. MRI results were reported on 3/29/15. X-Rays results were reported on 11/19/13. Currently, the injured worker complains of ongoing neck, back, and right shoulder pain with increased right lower symptoms over the past 3 months. Pain was rated 9/10 with medication. Per the primary physician's progress report (PR-2) on 4/3/15, the MRI done on 3/29/15 reported disc protrusion at C3-4, C4-5, and C5-6, causing mild spinal canal stenosis, and 2 sinus disease. Norco was well tolerated and Percocet caused nausea with request to switch back. The requested treatments include Norco, Gabapentin, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco. This is not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 18-19.

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain without evidence of any substantial improvement in pain. Lacking response to the medication, ongoing treatment is not medically necessary.

Cyclobenzaprine 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 Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of cyclobenzaprine. This is not medically necessary and the original UR decision is upheld.