

Case Number:	CM15-0091292		
Date Assigned:	05/15/2015	Date of Injury:	10/15/2013
Decision Date:	07/03/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/12/2015

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: Physical Medicine & Rehabilitation

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 34 year old female injured worker suffered an industrial injury on 10/15/2013. The diagnoses included multilevel disc herniations of the lumbar spine with foraminal narrowing, facet arthropathy of the lumbar spine and sacroiliac joint dysfunction. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with epidural steroid injections, physical therapy, chiropractic therapy and medications. On 4/8/2015 the treating provider reported she had difficulty sleeping due to the pain and continued to have spasms in the back with ongoing pain and numbness in the left lower extremity. She reported the medications reduced the pain by 40%. The pain was rated 8 to 9/10. On exam there was tenderness in the lumbar muscles with gait impairment. The lumbar range of motion was reduced. The treatment plan included Acetaminophen with Codeine, Cyclobenzaprine, Gabapentin and Naproxen Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen with Codeine 300/30mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 10/15/13 and presents with back pain and leg pain. The request is for ACETAMINOPHEN WITH CODEINE 300/30 MG QUANTITY 90 for severe pain. There is no RFA provided and the patient is on temporarily partially disabled. The patient has been taking this medication as early as 10/28/14. Progress reports are provided from 10/28/14 to 04/08/15. MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient is diagnosed with multilevel disc herniations of the lumbar spine with foraminal narrowing, facet arthropathy of the lumbar spine, and sacroiliac joint dysfunction. On 10/28/14, she rated her pain as an 8-9/10. The 12/02/14, 12/30/14, and 01/30/15 she rated her back pain as a 7-8/10. "She says the medications help to reduce her pain by about 40% and allows her to be more active and walk for about 15 minutes longer. She denies side effects to the medication." On 03/11/15, she rated her pain as a 7/10 and on 04/08/15, she rated it as an 8-9/10. In this case, not all of the 4 As are addressed as required by MTUS Guidelines. Although the treater provides general pain scales, there are no before-and-after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any validated instruments used. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested acetaminophen with codeine IS NOT medically necessary.

Cyclobenzaprine 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

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

Decision rationale: The patient was injured on 10/15/13 and presents with back pain and leg pain. The request is for CYCLOBENZAPRINE 7.5 MG QUANTITY 60. There is no RFA provided and the patient is on temporarily partially disabled. The patient has been taking this medication as early as 10/28/14. MTUS Guidelines page 63-66 states "muscle relaxants (for pain): Recommend nonsedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommend for a short course of therapy." The patient has spasm in her

lower back, has ongoing pain/numbness in the left lower extremity, has aching/ cramping/ tingling with radiation down the left lower extremity to the foot, has palpation to tenderness in the lumbar midline L5-S1 and left paraspinals, has a mild antalgic gait, decreased sensation at the L4/L5/S1 dermatomes, has a positive hoffmann's bilaterally, positive straight leg raise on the left, and has a positive lasague maneuver on the left. The patient is diagnosed with multilevel disc herniations of the lumbar spine with foraminal narrowing, facet arthropathy of the lumbar spine, and sacroiliac joint dysfunction. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2 to 3 weeks. The patient has been taking Cyclobenzaprine as early as 10/28/14, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.

Gabapentin 600mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 17-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient was injured on 10/15/13 and presents with back pain and leg pain. The request is for GABAPENTIN 600 MG QUANTITY 60. There is no RFA provided and the patient is on temporarily partially disabled. The patient has been taking this medication as early as 10/28/14. It is unknown when the patient began taking this medication. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." Gabapentin also requires 30% reduction of symptoms. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has spasm in her lower back, has ongoing pain/numbness in the left lower extremity, has aching/ cramping/tingling with radiation down the left lower extremity to the foot, has palpation to tenderness in the lumbar midline L5-S1 and left paraspinals, has a mild antalgic gait, decreased sensation at the L4/L5/S1 dermatomes, has a positive hoffmann's bilaterally, positive straight leg raise on the left, and has a positive lasague maneuver on the left. The patient is diagnosed with multilevel disc herniations of the lumbar spine with foraminal narrowing, facet arthropathy of the lumbar spine, and sacroiliac joint dysfunction. MTUS page 60 requires the medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Review of the reports provided does not mention how gabapentin has specifically impacted the patient's pain and function. Therefore, the requested gabapentin IS NOT medically necessary.

Naproxen Sodium 550mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 10/15/13 and presents with back pain and leg pain. The request is for NAPROXEN SODIUM 550 MG QUANTITY 60. There is no RFA provided and the patient is on temporarily partially disabled. The patient has been taking this medication as early as 10/28/14. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The patient has spasm in her lower back, has ongoing pain/numbness in the left lower extremity, has aching/cramping/tingling with radiation down the left lower extremity to the foot, has palpation to tenderness in the lumbar midline L5-S1 and left paraspinals, has a mild antalgic gait, decreased sensation at the L4/L5/S1 dermatomes, has a positive hoffmann's bilaterally, positive straight leg raise on the left, and has a positive lasague maneuver on the left. The patient is diagnosed with multilevel disc herniations of the lumbar spine with foraminal narrowing, facet arthropathy of the lumbar spine, and sacroiliac joint dysfunction. MTUS page 60 requires the medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Review of the reports provided does not mention how naproxen has specifically impacted the patient's pain and function. Therefore, the requested gabapentin IS NOT medically necessary.