

Case Number:	CM15-0092758		
Date Assigned:	05/19/2015	Date of Injury:	03/21/2003
Decision Date:	06/18/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 50-year-old female, who sustained an industrial injury on March 21, 2003. She reported left knee, left hip and low back injuries. The injured worker was diagnosed as having radiculopathy and failed lumbar back syndrome - lumbar. Diagnostic studies to date have included an MRI, a CT, and x-rays. Treatment to date has included work modifications, ice/heat, massage therapy, epidural steroid injections, a right sacroiliac joint injection, physical therapy, psychotherapy, and medications including opioid analgesic, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. On April 6, 2015, the injured worker complains of ongoing low back pain. Her low back pain has been constant and increased for the past couple of weeks. Her medications provide good pain relief. She would like to follow-up with a psychiatrist for her depression related to her pain. Her pain is rated: at best = 5/10, at worst = 9/10, and currently = 7/10. The physical exam revealed she was depressed and had mild to moderate difficulty transitioning from a seated to standing position and to the exam table. There was tenderness of the lumbar paraspinal muscles and sacroiliac joints, decreased range of motion, and bilateral positive straight leg raise tests at 50 degrees. There was decreased sensation in the lumbar 5 distribution, and decreased muscle strength and reflex of the left lower extremity. Her gait was antalgic. The requested treatments include 6 sessions of cognitive bio-behavioral therapy, Neurontin, and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-behavioral therapy 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CBT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of behavioral interventions. These guidelines state the following: Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the initial request is for 6 sessions, which exceeds the MTUS recommendations for an initial trial. There is no rationale provided as to why the initial trial should exceed 3-4 visits over 2 weeks. For this reason, bio-behavioral therapy 6 sessions is not considered as medically necessary.

Neurontin 300 mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): s 16-18.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of anti-epilepsy (AEDs), including Neurontin, as a treatment modality. AEDs are typically used for neuropathic pain. The ongoing use of an AED is dependent on a number of factors including the documented outcomes; relief of pain and functional improvement. Regarding this issue the MTUS guidelines state the following: Outcome: 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. 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. In this case, there is insufficient documentation in support of the effectiveness of Neurontin. There is no objective evidence provided that the patient has experienced a good to moderate reduction in pain. It is also unclear whether Neurontin is being used for neuropathic pain. For these reasons, Neurontin is not considered as medically necessary.

Robaxin 750 mg #90 with 1 refill: 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 Muscle Relaxants for Pain Page(s): s 63-66.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, such as Robaxin, for chronic pain. Muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the records indicate that Robaxin is being used as a long-term treatment strategy for this patient's pain. Long-term use is not recommended per the above cited MTUS guidelines. For this reason, Robaxin is not considered as a medically necessary treatment.