

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0098603 | | |
| Date Assigned: | 06/01/2015 | Date of Injury: | 11/18/2002 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 05/22/2015 |

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: New Jersey, New York
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 51-year-old male, who sustained an industrial injury on 11/18/2002. The medical records submitted for this review did not include the details regarding the initial injury or the past treatments to date. Diagnoses include lumbar discopathy status post lumbar microdiscectomy and decompression. On 10/18/14, he complained of residual low back pain with intermittent flair ups with radiation into the right leg with over activity. Pain in the low back was rated 2-3/10 VAS and right leg pain was rated 2-3/10 VAS. The physical examination on that date documented lumbar tenderness, spasm and tightness around L4-5 region and right sciatic notch. Range of motion was decreased. There was weakness noted on the heel to toe walk. The plan of care included continuation of Norco and Soma. This review request was to authorize Ultracet 37.5/325mg with one refill; Flexeril 10mg #60 with three refills; and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for ultracet is not medically necessary. The patient was on Norco and as per the chart, the patient's pain was controlled and he used minimal amounts of ultracet. It is unclear why the patient required a switch to ultracet. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented with the use of opioids. The long-term efficacy for chronic back pain is limited, and there is high abuse potential, so the risks of ultracet outweigh the benefits. The request is not medically necessary.

Flexeril 10mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. The patient is also prescribed an opiate, which can worsen the dizziness and drowsiness. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. The patient was documented to be on soma with improvement in pain. He only required it occasionally. It is unclear why that patient needed to be switched to flexeril at this time. Therefore, the request is not medically necessary.

Gabapentin 3000mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 16-19, 49.

Decision rationale: The request is not medically necessary. Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain, which the patient is documented to have. However, the patient's pain is documented to be controlled by his current medications, which he does not use daily and takes a minimal amount. It is unclear why Gabapentin needs to be added at this time if his symptoms are controlled. Therefore, the request is not medically necessary.