

Case Number:	CM13-0018419		
Date Assigned:	12/27/2013	Date of Injury:	12/09/2009
Decision Date:	03/05/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of 12/9/09. A utilization review determination dated 8/16/13 recommends non-certification of Lidoderm patch. Flexeril was modified from #60 to #30, Gabapentin was modified from #60 to #30, and Tramadol was modified from #90 to #30. A progress report dated 8/8/13 identifies subjective complaints including back pain radiating from low back down right leg, decreased since last visit. Pain is 4/10. Flexeril is more effective than Zanaflex and helps to relieve spasms at night so that he can sleep better. Objective examination findings identify limited lumbar motion, paravertebral muscle tenderness, positive facet loading, FABER positive. Diagnoses include spinal/lumbar DDD and spasm of muscle. Treatment plan recommends medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Flexeril 7.5mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42,18,56-57-74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 Page(s): 63-63.

Decision rationale: Regarding the request for Flexeril (Cyclobenzaprine), California MTUS supports the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

The request for Gabapentin 300mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42,18,56-57-74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 Page(s): 16-21.

Decision rationale: Regarding request for Gabapentin, California MTUS states that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Gabapentin is not medically necessary.

The request for Tramadol 50mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42,18,56-57-74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 Page(s): 75.

Decision rationale: Regarding the request for Tramadol, California Pain Medical Treatment Guidelines state that Tramadol is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Tramadol is improving the patient's function or pain, no documentation regarding side effects, and no

discussion regarding aberrant use. In the absence of such documentation, the currently requested Tramadol is not medically necessary.

The request for Lidoderm 5% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42,18,56-57-74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 Page(s): 112.

Decision rationale: Regarding request for Lidoderm, California MTUS states that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.