

Case Number:	CM13-0036046		
Date Assigned:	12/13/2013	Date of Injury:	01/17/2002
Decision Date:	02/24/2014	UR Denial Date:	10/05/2013
Priority:	Standard	Application Received:	10/18/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida and Washington, DC. 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:

The patient is a 52 year-old female who sustained an injury on 01/17/02. She was working at a restaurant and she slipped with her left knee striking the area between the edge of the wall and the floor. Ensuing difficulties have included significant pain in multiple joints and a lumbar spine fusion. She is a candidate for hip replacement surgery. She continues to suffer from radicular symptomatology and reportedly has benefited from some of the therapeutics given. Her diagnoses include: joint pain leg, lumbar radiculopathy, status post L4-5 fusion, sleep disturbance, anxiety, osteoarthritis of hips, chronic lumbar back pain, chronic bilateral lower extremity radicular symptoms, chronic left hip pain, chronic right knee pain, chronic left knee pain, chronic depression, sleep disturbance due to pain, status post spine fusion and lumbar fusion 2005, chronic neuropathic back pain, chronic neck pain, constipation secondary to opiate prescription, left knee meniscus repair 2008, osteoarthritis left hip with dysplasia, and bilateral hip osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic, Cyclobenzaprine Page(s): 41-64.

Decision rationale: There is no documentation of a response to cyclobenzaprine therapy and the indications for the use of this medication are limited to short term dosing. Therefore, the request for cyclobenzaprine is not medically necessary or appropriate.

Gabapentin 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Therapy: Gabapentin.

Decision rationale: The guidelines state that Gabapentin is an anti-epilepsy drug (AED - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Therefore, the requested Gabapentin is medically necessary and appropriate.