

Case Number:	CM13-0047447		
Date Assigned:	12/27/2013	Date of Injury:	11/09/1995
Decision Date:	11/18/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/02/2013

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. The expert reviewer is Board Certified in Anesthesiology, 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 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/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:

According to the records made available for review, this is a 57-year-old male with a 11/9/95 date of injury, and repeat anterior cervical decompression and fusion in 2005. At the time (10/7/13) of request for authorization for Cyclobenzaprine tablet 100mg 1 tabs orally QHS 30 days # 30, 1 refill; Ibuprofen tablet 800mg, 1tabs orally 3 times a day, 30 days # 90, 1 refill; and Gabapentin capsules 800mg, 1 tabs orally three times a day, 30 days # 90, 1 refill, there is documentation of subjective (chronic neck and back pain) and objective (decreased range of motion with pain, diminished sensation to light touch on right lower extremities in all dermatomes, positive right radiation of pain on straight leg raising test, and muscle guarding of the lumbar paraspinous muscles) findings, current diagnoses (cervical discopathy with radiculitis, lumbar discopathy with radiculitis, degeneration of cervical disc, degeneration of lumbar disc, neck pan, and low back pain), and treatment to date (medications (including Cymbalta and ongoing treatment with Gabapentin and Ibuprofen) and epidural steroid injection. Regarding Cyclobenzaprine, there is no documentation of short-term (less than two weeks) treatment. Regarding Ibuprofen and Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ibuprofen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tablet 100mg 1 tabs orally QHS 30 days # 30, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy with radiculitis, lumbar discopathy with radiculitis, degeneration of cervical disc, and degeneration of lumbar disc, neck pain, and low back pain. In addition, given documentation of ongoing treatment with non-steroidal anti-inflammatory drugs (NSAIDs), there is documentation of Cyclobenzaprine used as a second line agent. However, there is no documentation of spasm or acute exacerbation of chronic low back pain. In addition, given documentation of a request for Cyclobenzaprine tablet 100mg 1 tabs orally QHS 30 days # 30, 1 refill, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine tablet 100mg 1 tabs orally QHS 30 days # 30, 1 refill is not medically necessary.

Ibuprofen tablet 800mg, 1tabs orally 3 times a day, 30 days # 90, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy with radiculitis, lumbar discopathy with radiculitis, degeneration of cervical disc, and degeneration of lumbar disc, neck pain, and low back pain. In addition, there is documentation of pain. However, given documentation of ongoing treatment with Ibuprofen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request

for Ibuprofen tablet 800mg, 1tabs orally 3 times a day, 30 days # 90, 1 refill is not medically necessary.

Gabapentin capsules 800mg, 1 tabs orally three times a day, 30 days # 90, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (Gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy with radiculitis, lumbar discopathy with radiculitis, degeneration of cervical disc, and degeneration of lumbar disc, neck pain, and low back pain. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin capsules 800mg, 1 tabs orally three times a day, 30 days # 90, 1 refill is not medically necessary.