MAXIMUS Federal Services

Case Number:	CM13-0050795		
Date Assigned:	12/27/2013	Date of Injury:	09/25/2012
Decision Date:	05/09/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 35-year-old female with a date of injury of 09/25/2012. The listed diagnoses per [redacted] are degenerative disk disease of the cervical spine, degenerative disk disease of lumbar spine, grade I spondylolisthesis of lumbar spine, myofascial neck and back pain, anxiety disorder and hypertension. According to report dated 08/28/2013 by [redacted], the patient presents with low back pain and right leg pain with numbness in the right leg. The patient also complains of pain in her head and neck which is associated with stiffness, sharp and stabbing sensations. The pain radiates to the base of her neck into her forehead. She also states she has significant pain between her shoulder blades which is described as aching. Examination of the patient revealed she has hypertonic muscles in the cervical paraspinal region with trigger point along the levator scapula, splenius capitus, rhomboid, trapezius, and sternocleidomastoid muscles. The patient has approximately 25% range of motion of her neck in flexion, extension, rotation, and lateral extension. There is tenderness over the sacroiliac joints at the level of L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR GABAPENTIN POWDER FOR CERVICAL SPINE, LOW BACK AND UPPER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: This patient presents with low back pain and right leg pain with numbness in the right leg. The request is for "Gabapentin powder." The California MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." In this case, medical records document numbness and tingling in the patient's legs and this medication may be indicated. However, in review of reports from 03/15/2013 to 08/28/2013, the provider does not discuss why the patient requires a powder form of this medication. In addition, there is no mention of quantity or duration of this medication. Without specifying the dosage and the duration that the medication is to be taken, a recommendation cannot be made. Recommendation is for denial.

RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: This patient presents with low back pain and right leg pain with numbness in the right leg. The request is for Cyclobenzaprine. The medical file provided for review does not make known the proposed dosage and duration of medication usage. The California MTUS Guidelines page 63, regarding muscle relaxants, states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medication in this class may lead to dependence." In this case, medical records indicate that this patient has been taking muscle relaxants since 03/15/2013. Muscle relaxants are recommended for short-term use only. Recommendation is for denial.