

Case Number:	CM13-0060506		
Date Assigned:	12/30/2013	Date of Injury:	02/09/2004
Decision Date:	04/04/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 & 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 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 33-year-old male with a date of injury of 02/09/2004. The listed diagnoses per [REDACTED] dated 11/01/2013 are: 1) Facet syndrome, 2) Lumbar strain/sprain, 3) Lumbar osteoarthritis, 4) Chronic pain, 5) Constipation due to slow transit. According to report dated 11/01/2013 by [REDACTED], the patient presents with chronic lumbar facetal pain. It was noted that patient has greater pain with lumbar extension more than flexion. Palpable spasm was noted over the facetal joints bilaterally in the paraspinals, worse on right than left. Positive straight leg raising was noted to be causing more pain in the back. Treater states the patient is a bit more flexible than he has been in the past, but still very stiff. It was noted that patient consistently has lumbar mechanical pain and possible right lower extremity radiculopathy as well as some right more so than left-sided, facetal more likely than discogenic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine 75mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting venlafaxine 75 mg #30. For antidepressants, MTUS Guidelines page 13 to 15 states that venlafaxine (Effexor) is FDA-approved for anxiety, depression, panic disorder, and social phobias. Off-label use is for fibromyalgia, neuropathic pain, and diabetic neuropathy. Given patient's diagnosis of depression and objective findings of neuropathic pain, venlafaxine is medically necessary.

Cyclogaba cream: Upheld

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

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

Decision rationale: The patient presents with chronic lower back pain. The treater is requesting cyclo/gaba cream. Cyclo/gaba cream is a compound cream containing gabapentin and cyclobenzaprine. The MTUS Guidelines regarding topical analgesics states they are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, cyclobenzaprine and gabapentin are both not recommended for any topical formulation. The requested cyclo/gaba cream is not medically necessary and recommendation is for denial.

Gabapentin 600mg: Upheld

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

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

Decision rationale: The physician requested gabapentin 600 mg without specifying quantity. The MTUS Guidelines page 18 and 19 has the following regarding gabapentin, Gabapentin has shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first line of treatment for neuropathic pain. Given the patient's continued complaints of pain and objective findings, gabapentin is medically necessary and recommendation is for approval.

Sennakot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: The physician is requesting Senokot tablet. The MTUS Guidelines page 76 and 78 discuss prophylactic medication for constipation when opiates are used. In this case, the patient is noted to be on long-term use of Norco. The requested Senokot is medically necessary and recommendation is for approval.