

Case Number:	CM13-0068933		
Date Assigned:	01/03/2014	Date of Injury:	02/11/1991
Decision Date:	04/15/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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, Pain Management, and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 02/11/1991. The mechanism of injury was being hit by a crane and resulted in injuries to his lower back, left leg, and left shoulder. Over the years, the patient has received multiple lower back and left leg surgeries, utilizes multiple medications, and had an implant and explant of a spinal cord stimulator. The patient also occasionally utilizes a TENS unit, has received multiple epidural steroid injections, and occasional trigger point injections as well. The clinical information submitted for review stated that the patient's current medication regimen provides him with 50% pain relief and rated his pain 5/10 to 7/10 with medications and 10/10 without medications. The patient has never exhibited any adverse drug behaviors and is stable at this time. There was no other pertinent clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Gabapentin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-18.

Decision rationale: The California MTUS/ACOEM Guidelines recommend antiepilepsy drugs, such as gabapentin, to treat neuropathic pain. Guidelines state that a good response is a 50% reduction in pain and should be continued if found to be effective. Although the patient has reported a 50% decrease in pain with the current medication regimen (including gabapentin), there was no objective documentation indicating that the patient had neuropathic symptoms prior to or during the use of this medication. Other than subjective complaints of numbness and tingling, there is no documentation of sensation loss, or that other neurodiagnostic tests have been performed indicating the presence of a neuropathy. However, it is not recommended for abrupt discontinuation of this antiepileptic and therefore, it is expected that the physician will allow for safe weaning. As such, the request for 1 prescription of gabapentin 600 mg #90 is non-certified.

1 Prescription of Flexeril 10mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: The California MTUS/ACOEM Guidelines recommend Flexeril to decrease muscle spasm, for a short course of therapy only. There is limited, mixed evidence that does not allow for recommendation for chronic use. Although there are some studies showing that Flexeril aids in improvement of sleep in patients with fibromyalgia, the patient currently does not have a diagnosis of fibromyalgia. In addition, the clinical records submitted for review do not provide any evidence that a spasm is present on physical examination and repeatedly state that the Flexeril is used for a sleep aid. As Flexeril is not approved for use as a sleep aid and should be limited to a period of use no longer than 3 weeks, continued use is not indicated at this time. As such, the request for 1 prescription of Flexeril 10 mg #15 is non-certified.