MAXIMUS Federal Services

Case Number:	CM14-0005218		
Date Assigned:	05/23/2014	Date of Injury:	03/26/2011
Decision Date:	07/17/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine 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 50-year-old female who has submitted a claim for lumbar spine sprain/strain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, status post lumbar fusion, non-industrial, rheumatoid arthritis, and chronic pain associated with an industrial injury date of March 26, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain with tenderness. She was also experiencing a needle-sticking sensation on the right side of the buttock. Physical examination showed a wide based gait. Heel to toe walk was performed with difficulty. Lumbar spine examination revealed tenderness over the lumbar paraspinous process. Multiple trigger points were noted. Positive sacroiliac tenderness, Fabere's/Patrick's test, sacroiliac thrust test, and Yeoman's test were noted on the right. Straight leg raise testing was positive bilaterally. The lumbar spine range of motion is as follows: lateral bending to 30 degrees bilaterally, flexion 50 degrees, and extension 10 degrees. There was decreased sensation in the L5 dermatomes bilaterally. Lower extremity muscle testing revealed 4/5 on big toe extensors (L5), right. Treatment to date has included steroid injections, lumbar fusion, medications, which include Percocet 10/325mg, Prilosec 20mg, Flexeril 10mg, and Neurontin 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42, 63-66.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). However, in most LBP cases they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The effect is greatest in the first 4 days of treatment. In this case, the date of initial intake of Flexeril (cyclobenzaprine) is unknown but the earliest documented use was 7/8/13. The recent clinical evaluation does not indicate significant relief of pain and functional improvement from cyclobenzaprine use. Also, the use of cyclobenzaprine has exceeded the recommended duration of treatment, as it is not recommended for chronic use. Therefore, the request for Flexeril 10mg #60 is not medically necessary.

NEURONTIN 600MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17.

Decision rationale: According to pages 16-17 of the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for the treatment of diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. In this case, the earliest documented use of gabapentin was 7/8/13. The recent clinical evaluation does not indicate significant relief of pain and functional improvement from gabapentin use. The medical necessity for gabapentin has not been established. Therefore, the request for Neurontin 600mg #60 is not medically necessary.