

Case Number:	CM14-0010574		
Date Assigned:	02/21/2014	Date of Injury:	06/13/2007
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 13, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and chiropractic manipulative therapy; and topical compounds. In a utilization review report of January 17, 2014, the claims administrator denied request for Cyclobenzaprine and GABAdone, apparently dispensed on an earlier visit of October 3, 2013. In a subsequent note of December 23, 2013, the applicant was described as reporting persistent 8 to 9/10 pain about the neck, low back, and bilateral upper extremities. The applicant's lower extremity strength ranges from 4 to 5/5. Both cervical epidural steroid injection therapy and lumbar epidural steroid injection therapy were endorsed, along with several topical compounds. The applicant's work status was not stated, although it was suggested that the applicant was not working. In an earlier note of October 3, 2013, the applicant again presented with multifocal neck, low back, leg pain, 7/10. A variety of agents, including Cyclobenzaprine, GABAdone, gabapentin, Imuhance, omeprazole, Percura, and Tramadol were prescribed. MRI imaging and electrodiagnostic testing were endorsed. The applicant was not seemingly working.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENAZAPRINE 10 MG TAB #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 63; 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant was using a variety of analgesic and adjuvant medications on or around the date in question, including Tramadol, gabapentin, etc. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. Therefore, the request was not medically necessary.

GABADONE #60 DISPENSED 10-3-2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatment section

Decision rationale: The MTUS does not address the topic of dietary supplements or alternative treatments such as GABAdone. However, the third edition ACOEM Guidelines note that nutritional supplements, complementary treatments, alternative treatments, and/or dietary supplements such as GABAdone are not recommended in the treatment of chronic pain as they have no proven outcomes of functional benefits in the treatment of the same. In this case, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. Therefore, the request was not medically necessary.