

Case Number:	CM14-0016114		
Date Assigned:	03/05/2014	Date of Injury:	08/16/2013
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/07/2014

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 Internal 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 injured worker is a 56-year-old male who reported an injury on 08/16/2013; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 01/29/2014, it was noted that the injured worker complained of low back pain rated 6-7/10 that was constant and was relieved only by medication. The medication list that was provided included tramadol 50 mg, Flexeril 10 mg, ibuprofen 800 mg, and Neurontin 800 mg. However, the frequencies were not noted within the documentation. The physical examination revealed tenderness in the lumbar spinous process with spasms in the paraspinal muscles and a decreased range of motion secondary to pain. The injured worker's listed diagnoses include chronic pain of the lumbar spine, chronic pain syndrome, and chronic lumbar sprain/strain. The Request for Authorization was dated 01/31/2014 for spasms and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-42.

Decision rationale: The request for Flexeril 10mg #30 is non-certified. The CA MTUS recommends cyclobenzaprine for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. It is documented the worker has been taking cyclobenzaprine for an extended period of time that exceeded the guidelines. Without the documentation for an extenuating circumstance that would justify the utilization the request cannot be supported by the guidelines. Hence, the request is not medically necessary.

NEURONTIN 300MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS, Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDS) Page(s): 16-19.

Decision rationale: The request for Neurontin 300 mg #30 is non-certified. The California MTUS Guidelines recommend anticonvulsants for neuropathic pain; more specifically, gabapentin was shown to be effective in monotherapy for diabetic peripheral neuropathy and FDA approval for postherpetic neuralgia. The injured worker has a prolonged documented usage of this medication without assessments to determine if the injured worker has had any functional gains as a result of taking this medication. Without documentation supporting that the injured worker has had functional gains from utilizing this medication, the request cannot be supported by the guidelines. As such, the request is not medically necessary.