

Case Number:	CM14-0157640		
Date Assigned:	09/30/2014	Date of Injury:	09/13/2012
Decision Date:	12/30/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/25/2014

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 Orthopedic and is licensed to practice in New York. 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 has a date of injury of September 13, 2012. The patient had back surgery on May 21, 2014. The patient had lumbar decompression at L4-5 and L5-S1. The patient continues to have back pain. The patient is taken pain medications with some benefit. The patient has been taking Gabapentin and Norco. At issue is whether additional pain medication is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines

Decision rationale: There is no documentation the medical records that the patient has had substantial improvement previous gabapentin therapy. The medical records do not document that the patient had functional proven with gabapentin. Chronic pain treatment guidelines do not recommend medications that do not have documented improvement with respect to chronic pain. The use of Gabapentin for radicular pain and low back pain remains controversial. Since

substantial functional proven has not been documented the previous gabapentin use. Criteria for additional gabapentin not met. Such as, Gabapentin 300mg is not medically necessary.

Cyclobenzaprine 7.5mg, QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines

Decision rationale: Guidelines do not recommend the use of chronic muscle relaxants for chronic low back pain. The patient has had previous muscle relaxant medications without evidence of documented improvement. The medical records do not document any evidence of improvement with previous muscle relaxant treatment. Criteria for the use of muscle relaxant not met. Cyclobenzaprine is not supported by guidelines for using chronic pain over long-term. Such as, Cyclobenzaprine 7.5mg, QTY: 30 is not medically necessary.