

Case Number:	CM14-0172168		
Date Assigned:	10/23/2014	Date of Injury:	10/04/2010
Decision Date:	12/02/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/17/2014

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:

This is a 49-year-old male with a 10/4/10 date of injury, when he injured his lower back. The patient was seen on 8/12/14 with complaints of severe low back pain with pinching that increased with bending, walking and sitting. The patient also complained of severe left leg pain with pinching and radiation. Exam findings revealed tenderness on palpation with limited painful range of motion of the lower and upper back and positive neurological findings in the lower extremities. The UR decision dated 9/23/14 certified prescriptions for Gabapentin 400mg#60 and Tramadol ER 150 mg. The diagnosis is thoracic sprain/strain, lumbar disc disease and left leg neuralgia, headaches and depression. Treatment to date: work restrictions and medications. An adverse determination was received on 9/23/14 given that combination of an opioid and cyclobenzaprine was considered high risk and potential for abuse; lack of diagnosis with osteoarthritis and non recommendation due to guidelines for a topical medications containing gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine power 6gm (DOS: 8/12/14): Upheld

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

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

Decision rationale: CA MTUS does not specifically address Cyclobenzaprine powder. According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, the patient was noted to be on differed medications including opioid, which is not recommended to be use in combination with Cyclobenzaprine. In addition, the long-term use of muscle relaxants is not recommended due to the guidelines. Therefore, the request for Cyclobenzaprine powder 6 gm is not medically necessary.

Retrospective Flurbiprofen power 6gm (DOS: 8/12/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS page 67); Topical analgesics Page(s): 25, 111-113.

Decision rationale: CA MTUS guidelines do not specifically address Flurbiprofen powder. CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. The ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Therefore, the request for Flurbiprofen powder 6 gm (DOS: 8/12/14) is not medically necessary.

Retrospective Gabapentin powder 3gm (DOS: 8/12/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Anti-epileptic drugs pages 16-18, Gabapentin page 49); Topical analgesics Page(s): 25, 111-113.

Decision rationale: CA MTUS does not specifically address Gabapentin powder. CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, the patient has been noted to be on Gabapentin tab 400mg#60 and it is not clear why the additional Gabapentin powder was needed for the patient. In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025%

formulation, baclofen and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Therefore, the request for Retrospective Gabapentin powder 3 gm (DOS: 8/12/14) is not medically necessary.