

Case Number:	CM14-0025206		
Date Assigned:	06/11/2014	Date of Injury:	08/22/2002
Decision Date:	08/11/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50-year-old female was reportedly injured on August 22, 2002. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 10, 2014, indicates that there are ongoing complaints of cervical spine pain radiating to the shoulders and bilateral upper extremities, as well as complaints of low back pain radiating to the bilateral lower extremities. There were also complaints of right wrist/hand pain, right knee pain, and right ankle/foot pain. Current medications include Naprosyn, Flexeril, thermal heat patches, Ambien, Ativan, and Gabapentin. The physical examination demonstrated decreased range of motion of the cervical spine and a positive Spurling's test bilaterally. Upper extremity motor weakness was noted in the bilateral biceps and wrist extensors at 4/5. There was decreased sensation over the bilateral C6 dermatomes. The examination of the lumbar spine also noted decreased range of motion and a positive straight leg raise test. Motor weakness was noted at the bilateral extensor hallucis longus at 4/5 and decreased sensation over the bilateral L5 dermatomes. Previous treatment includes physical therapy and a home exercise program. A request had been made for Gabapentin/Cyclobenzaprine/ethoxy/pentran and was not certified in the pre-authorization process on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS CMPD-Gabapentin/Cyclobenzaprine/Ethoxy Li/Pentran Day Supply: 30 QTY: 120:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 105 of 127.

Decision rationale: According to the MTUS Chronic Pain Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients including gabapentin and Cyclobenzaprine have any efficacy. For this reason this request is not medically necessary.