MAXIMUS Federal Services

Case Number:	CM14-0029087		
Date Assigned:	06/16/2014	Date of Injury:	10/22/2001
Decision Date:	07/21/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/06/2014

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 October 22, 2001.Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; an earlier cervical laminectomy surgery; a subsequent two-level cervical fusion surgery; and a variety of opioid and non-opiod agents.In a Utilization Review Report, dated February 4, 2014, the claims administrator denied request for Fexmid (cyclobenzaprine) and Neurontin. The denial was apparently predicated on the fact that the attending provider did not proffer any specific rationale for usage of two separate adjuvant medications, Neurontin and Topamax.The applicant's attorney subsequently appealed.In a January 27, 2014 progress note, somewhat blurred as a result of repetitive photocopying, the applicant was described as having mild distress. The applicant had apparently developed seizure activity, it was stated. The applicant was apparently moving about with a wheelchair. The applicant was basically wheelchair bound, it was stated. Both the applicant's wife and son were apparently working and only able to help with activities of daily living to a limited degree. The applicant's medication list included Norco, Naprosyn, Prilosec, Fexmid, Dilantin, Neurontin, MiraLax, Topamax, Flomax, Amitiza, Effexor, Prozac, Ambien, Haldol, and Dendracin. It was stated that the applicant had apparently developed epileptiform activity following earlier head trauma, it was stated.It is incidentally noted that the applicant was using Dilantin for epilepsy at an earlier point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mustle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic 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 is in fact using a variety of other analgesic, adjuvant, and anticonvulsant medications. Adding cyclobenzaprine or Fexmid to the mix is not recommended. Therefore, the request is not medically necessary.

NEURONTIN 400MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs topic Page(s): 16.

Decision rationale: In this case, the applicant is apparently using the anticonvulsant medication in question, Neurontin, for epilepsy purposes, in conjunction with a second anticonvulsant, Topamax. As noted on page 16 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs/anticonvulsants such as Neurontin are in fact originally intended in the management of epilepsy but can, per the MTUS, be employed as adjunctive medication in the treatment of neuropathic pain. In this case, given the fact that the applicant is still reporting some breakthrough seizures despite ongoing usage of Neurontin, continuing the same is a more appropriate option than discontinuing the same. Therefore, the request is medically necessary.