MAXIMUS Federal Services

Case Number:	CM14-0033973		
Date Assigned:	06/23/2014	Date of Injury:	06/25/2013
Decision Date:	08/14/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/18/2014

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 Neurological Surgery 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 records presented for review indicate that this 38 year-old individual was reportedly injured on June 25, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 20, 2014, indicates that there are ongoing complaints of right shoulder, upper back and mid back pain. The physical examination demonstrated a well-developed, well-nourished individual with no acute distress who demonstrated a normal gait pattern. Straight leg raising was positive at 25 at the right and 35 in the left. Diagnostic imaging studies objectified were not reviewed. Previous treatment includes right shoulder surgery, multiple medications. A request had been made for multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzapine #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Officail Disability Guidelines-Treatment in Worker's comp.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: When noting the date of injury, the findings on physical examination, there is insufficient clinical information to support this request. It is noted that there are mild spasms both the cervical lumbar spine, however these are unending and as outlined in the Chronic Pain Medical Treatment Guidelines, this medication is reserved for sporadic use for flare-ups of symptomology. This is not intended for chronic long-term use. As such, based on the clinical information Cyclobenzaprine #30 is not medically necessary.

Gabapentin # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, also referred to as anti-convulsants are recommended for neuropathic pain due to nerve damage.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The clinical assessment noted a cervical spine strain and lumbar spine strain with myospasms. There is no objectification or data presented to suggest that there is a neuropathic lesion. Furthermore, as outlined in the Chronic Pain Medical Treatment Guidelines, this medication is reserved for painful neuropathy or postherpetic neuralgia. Neither of these maladies exists in the documentation presented on the injured worker. Therefore, Gabapentin # 60 is not medically necessary.

Ibuprophen 800mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory durgs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: This medication is a non-selective, non-steroidal, anti-inflammatory preparation which has some indication for chronic low back pain. However, there is no noted efficacy or utility with the use of this medication. The pain levels are unchanged, there are ongoing myospasms and the efficacy has not been demonstrated. Therefore, there is insufficient clinical evidence to support the medical necessity of this medication.