

Case Number:	CM14-0034358		
Date Assigned:	07/02/2014	Date of Injury:	06/25/2012
Decision Date:	08/15/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 Geriatrics 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 injured worker is a man with a date of injury of 6/25/12. He was seen by his physician on 1/13/14 with complaints of 3/10 low back pain. His pain was said to be 80% better after epidural injections to L4-5 and L5-S1 with no more leg pain. Vital signs were documented but no physical exam. The plan was to continue his medical management. His medications were sentra pm, gabapentin and cyclobenzaprine, all of which are at issue in this review. Length of prior therapy is not documented and urine drug testing done 1/13/14 was consistent with his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg three times a day (TID) #90: 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 9792.20 - 9792.26 Page(s): 16-22.

Decision rationale: This worker has chronic back pain and his medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including muscle relaxants and gabapentin. Gabapentin has been shown to be effective for

treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. The medical records fail to document any improvement in pain, functional status or side effects to justify use. The medical necessity of gabapentin is not substantiated in the records. The request is not medically necessary and appropriate.

Sentra PM two (2) every night at bedtime (QHS) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter-Medical Food; Official Disability Guidelines Mental Illness and Stress Chapter.

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: Sentra pm Uptodate: treatment of insomnia
http://nutrientpharmacology.com/sentra_AM.html and
<http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/MedicalFoods/>.

Decision rationale: Sentra pm is a medication food. Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the problem and receive advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, his sleep pattern, hygiene or level of insomnia is not addressed in the note. Additionally, the term medical food, as defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) is "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." The records do not substantiate improvement with medications or why a medical food is being used instead of or in addition to traditional medications. The documentation does not support the medical necessity for sentra pm.

Cyclobenzaprine 7.5mg every day (QD) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 63-66 Page(s): 63-66.

Decision rationale: This worker has chronic back pain and his medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including muscle relaxants and gabapentin. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MD visit of 1/14 fails to document any improvement in

pain, functional status or side effects to justify ongoing use. Additionally, there is no spasm documented and no physical exam documented. The Cyclobenzaprine's medical necessity is not supported in the records.