

Case Number:	CM14-0038721		
Date Assigned:	06/27/2014	Date of Injury:	04/16/2013
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 39 year old male who sustained injuries on 04/16/2013 while lifting a heavy roll of insulation. The injured worker developed pain in the low back radiating to the posterior knee. Prior treatment included physical therapy for the lumbar spine in 2013. Magnetic resonance image studies completed on 07/24/13 did note a disc protrusion at L5-S1 impressing the descending left S1 nerve root. The injured worker was also being seen for complaints of severe neck pain and associated headaches. Treatment plan included pain management and prescription medications including tramadol, Effexor and anti-inflammatories. The clinical report dated 02/07/14 noted that the injured worker had continuing complaints of low back pain which were being managed with the use of Tramadol. He also described the use of Flexeril for frequent muscle spasms which was beneficial. The injured worker had been followed by a separate physician for the management of depression for which he was being prescribed Trazodone and Effexor. The injured worker is noted not to be working. Physical examination noted limited lumbar range of motion and no neurological deficits were identified. The clinical report from 03/10/14 continued to note neck pain, right shoulder pain, low back pain and radiating pain to the right lower extremity. The injured worker was continuing to utilize Tramadol, Flexeril and Naproxen at this visit which was reported as being effective. There was consideration for future injections to include epidural steroid injections versus facet joint injections and he was recommended for Gabapentin. Physical examination identified no evidence of neurological deficit. The requested Gabapentin 600 mg #90 was denied by utilization review on 03/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: The injured worker had been followed primarily for complaints of myofascial pain in the neck and low back. Although the injured worker did report radiating symptoms in the lower extremities, the injured worker's physical examination findings identified no clear evidence of neurological deficit that would have reasonably supported an ongoing neuropathic condition for which Gabapentin would be indicated. Guidelines do recommend Gabapentin as a first line medication in the treatment of neuropathic pain. However, the clinical documentation submitted for review did not clearly identify any neuropathic findings on physical examination which would have warranted the use of this medication. The request for Gabapentin 600 mg #90 is not medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines.

Tramadol ER (100mg, #30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Tramadol ER, this request is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting analgesic such as Tramadol can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting analgesics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic-like medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Tramadol. No specific pain improvement was attributed to the use of this medication. As there is insufficient evidence to support the ongoing use of Tramadol, the request is not medically necessary.

Flexeril (5mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Flexeril, the request is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary at this time.