

Case Number:	CM14-0044836		
Date Assigned:	07/02/2014	Date of Injury:	04/01/2009
Decision Date:	08/26/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/11/2014

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 & Rehab and is licensed to practice in Texas & Ohio. 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 51-year-old male who reported an injury on 04/01/2009. The mechanism of injury was not provided in the medical records. He is diagnosed with cervical, thoracic, and lumbar musculoskeletal strain; status post C6-7 anterior cervical discectomy and fusion; and T7-8 disc protrusion. His past treatments included chiropractic treatment, medications, and spinal injections. On 03/03/2014, the injured worker presented with persistent thoracic and cervical pain. His physical examination revealed no loss of muscle bulk in the upper extremities, pain with movement, and normal sensation in the bilateral upper and lower extremities. His medications were noted to include Neurontin, Percocet, Flexeril, Xanax, and Imitex. The treatment plan included medication refills, a CT myelogram of the cervical spine, and continued use of lumbar and cervical supports. A clear rationale for the requested medication was not provided. The Request for Authorization form was submitted on 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Xanax 1mg #60, date of service 3/03/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, Benzodiazepines are not recommended for longterm use as longterm efficacy is unproven and there is a significant risk of dependence. The guidelines go on to state that use is usually limited to 4 weeks. The injured worker has been utilizing Xanax since at least 01/2014. As he has exceeded the recommended duration of use of 2 to 3 weeks, continued use is not supported by the guidelines at this time. In addition, the frequency of use is not provided with the request. Based on the above, the request is not medically necessary.

Retrospective request: Neurontin 600mg #120, date of service 3/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: According to the California MTUS Guidelines, gabapentin is considered first-line medication in the treatment of neuropathic pain. The guidelines also state that the patient should be reassessed at each visit with documentation showing whether there has been pain relief and increased function with use of this medication. The clinical information submitted for review indicated that the injured worker has neuropathic pain. However, sufficient documentation showing objective evidence of pain relief and functional improvement with the use of this medication was not provided. Further, the frequency of the request was not provided. Based on the above, the request is non-certified.

Retrospective request:: Flexeril 7.5mg #90, DOS 3/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: According to the California MTUS Guidelines, cyclobenzaprine may be recommended, up to 2 to 3 weeks, in the treatment of chronic pain. The clinical information submitted for review failed to provide sufficient evidence of decreased pain and increased function with use of cyclobenzaprine. In addition, the injured worker was shown to have been taking this medication for longer than 2 to 3 weeks. Further, the request failed to provide a frequency. Based on the above reasons, the request is not medically necessary.