

Case Number:	CM14-0062309		
Date Assigned:	07/11/2014	Date of Injury:	01/15/2008
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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:

This is a 59 year-old male patient with an injury date of 1/15/2008. The mechanism of injury was not described. On an examination dated 4/1/2014 the patient complained of pain from the neck to the upper back, depression, and anxiety. The patient stated that the pain was 5/10 with medication and 9/10 without medication. Physical examination showed tenderness in the cervical spine, tight muscle bands of the paracervical musculature, and trigger point activity was noted. The patient had no muscle spasms, and the patients' range of motion remained restricted. The diagnostic impression at this time were chronic myofascial pain in the right paracervical and trapezius musculature and lumbar paraspinal musculature, left upper extremity radicular symptoms, bilateral shoulder pain, NCV evidence of bilateral carpal tunnel syndrome, bilateral knee pain with positive MRI findings, opioid withdrawal syndrome stable with opioid use, depression, and insomnia requiring psychiatric care and psychotropic medications. Treatment to date: Medication management and psychiatric care, home exercise program. A UR decision dated 4/22/2014 denied the requests for Neurontin 600mg #30 and Flexeril 7.5mg TID for acute spasms #40. The rationale for denial of Neurontin 600mg #30 was that CA MTUS guidelines do not recommend it for myofascial pain. The rationale for denial of Flexeril 7.5mg #40 was that CA MTUS guidelines only recommend cyclobenzaprine for short-term therapy. There was no indication how long the patient had been taking the medication or that the patient was experiencing muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin, 600 mg, #30, S5000 1159F: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 64, 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Gabapentin (Neurontin) Page(s): 16-18.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The report documented that the patient complained of chronic myofascial pain. CA MTUS guidelines do not support the use of Neurontin (gabapentin), an oral anticonvulsant agent in the treatment of myofascial pain. Furthermore, in a drug screen dated 4/1/2014, the patient also tested positive for marijuana. Nowhere in the reports was this issue addressed. If the patient is self-medicating it confuses the patients' response to the medication regimen. Therefore, the request for Neurontin 600mg #30, S5000 1159F is not medically necessary.

Flexeril, 7.5 mg, 3 times a day for acute spasms, #40, S5000 1159F: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 64, 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. On the 4/1/2014 examination the patient did not report any muscle spasms. He had been taking the Flexeril (cyclobenzaprine) since at least 1/3/2014 when his treatment plan was to continue its' use. CA MTUS guidelines do not recommend long-term use of muscle relaxants and cyclobenzaprine being centrally sedating, can worsen this patients' depression. Therefore, the request for Flexeril 7.5mg, 3 times a day for acute spasms, #40, S5000 1159F is not medically necessary.