MAXIMUS Federal Services

Case Number:	CM14-0065707		
Date Assigned:	07/11/2014	Date of Injury:	08/13/2001
Decision Date:	08/26/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/08/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 66-year-old female who reported an injury on 8/13/01; the mechanism of injury was not provided for review. The injured worker's treatment history included medications, surgery, x-rays, MRI, acupuncture treatment and epidural steroid injections. The injured worker was evaluated on 3/7/14, and it was documented that the injured worker complained of neck and bilateral upper extremity pain, numbness in both hands, and increased neuropathic pain in her left bicep. She rated her pain at a 6-8/10 without medications; with medication the pain was reduced 50% of which allowed her to perform her activities of daily living. Upon physical examination, the provider noted the injured worker was in mild distress. She had minimal cervical range of motion all directions. The provider noted the injured worker had previously been taking Percocet, but was switched to Opana. The injured worker was evaluated on 4/4/14 and it was documented that the injured worker complained of neck and bilateral upper extremity pain with numbness in both hands. She had been using Opana 5 mg 4 times daily as needed but became occasionally nauseous at times, and she wished to try a trial of the branded name. The medications included Percocet, gabapentin, cyclobenzaprine, and Opana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #270: 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 Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is an anti-epilepsy drug that has been effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. Diagnosis included cervical post laminectomy syndrome. The documentation submitted failed to indicate long-term functional goals for the injured worker. In addition, the request did not include frequency of the medication. Given the above, the request is not medically necessary.

Cyclobenzaprine 10 mg: 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 Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend Flexeril as an option, using a short course of therapy therapy. Cyclobenzaprine is more effective than placebo in the management of back pain, but its effects are modest and come at the price of greater adverse effects. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a postoperative use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were three times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term-goals of functional improvement of her home exercise regimen. In addition, the request lacked frequency and duration of the medication. As such, the request is not medically necessary.