

Case Number:	CM14-0088218		
Date Assigned:	08/29/2014	Date of Injury:	03/20/2009
Decision Date:	10/21/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/12/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 56 year old female with a date of injury on 3/20/2009. Diagnoses include low back pain, and lumbar disc disorder. Subjective complaints are of neck pain radiating down the left arm. Physical exam shows an antalgic gait, cervical muscle tenderness and restricted cervical range of motion. The lumbar spine has restricted range of motion with paravertebral muscle tenderness and spasm. Straight leg raise test is positive on the right. Medications include trazodone, Zoloft, Flexeril, Norco, gabapentin, and omeprazole. Submitted records indicate that the medications provide pain relief and optimize function and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg tablet sig: take 1 three times a day as needed qty: 90, refill 1: 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 Page(s): 41-42.

Decision rationale: CA MTUS guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse effects. This patient had been using a muscle relaxant chronically which is longer than the

recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond NSAIDs in pain reduction of which the patient was already taking. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication, the requested prescription for cyclobenzaprine is not medically necessary.

Gabapentin 300mg capsule sig: take 2 tabs qhs qty: 60.00, refill 1: Overturned

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 AEDS Page(s): 16.

Decision rationale: CA MTUS indicates that gabapentin is an anti-seizure medication that is recommended for neuropathic pain. CA MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. Review of the submitted medical records shows documentation of neuropathic pain and identifies pain relief and functional improvement with this medication. Therefore, the medical necessity for gabapentin is established.

Norco 1/325mg sig: take 1 twice daily prn qty: 60.00, refill 1: Overturned

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 OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including risk assessment and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.