

Case Number:	CM14-0188722		
Date Assigned:	11/19/2014	Date of Injury:	12/18/2008
Decision Date:	01/07/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine and is licensed to practice in New York. 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 49 year old female with a date of injury of 12/18/2008. She had been treated with medication, chiropractic therapy, epidural steroid injections, home exercise program and a spinal cord stimulator, which was subsequently removed. On 12/17/2013 it was noted that Neurontin/gabapentin was not effective treatment for this patient. On 12/23/2013 a cervical MRI revealed C5-C6 and C6-C7 central canal stenosis and foraminal stenosis. On 10/07/2014 she noted that the neck pain was worse than her back pain. She had numbness, cramping and pain in both upper extremities. Her medications included Flexeril, Neurontin, Naproxen and Prilosec. She had tenderness to palpation of the neck and back paraspinal muscles. She has a history of carpal tunnel syndrome. Cervical, thoracic and lumbar range of motion was decreased. Spurling's sign was present. She was taking Neurontin 600 mg 4 to 5 times a day (2,400 mg to 3,000 mg a day).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30 (x 1 refill): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (for pain), page 63 recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol. However, despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. The long term use of muscle relaxants in this patient is not consistent with MTUS guidelines. Therefore, this request is not medically necessary.

Gabapentin 600mg #120 (x 3 refill): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Neurontin Page(s): 49. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Approved Package Insert, Neurontin.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin) page 49 states Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Records provided for review did not indicate that the patient had postherpetic neuralgia, a seizure disorder or diabetes. Also, as per the Food and Drug Administration (FDA) approved package insert, for neuralgia "Additional benefit using doses greater than 1800 mg a day has not been demonstrated" The request is for 2,400 mg a day which exceeds the 1800mg a day. Therefore, this request is not medically necessary.