

Case Number:	CM14-0193980		
Date Assigned:	12/01/2014	Date of Injury:	10/28/2012
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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 individual is a 41 y/o female who has developed chronic spinal pain subsequent to a lifting injury on 12/28/12. She has been diagnosed with chronic lumbar pain with a radiculitic component and chronic cervical pain with a mild radiculopathy at the C5-6 levels. Recent electrodiagnostics supports the diagnoses. She is treated with oral analgesics that include Norco, Cyclobenzaprine and Gabapentin 600mg (5 tabs per day). The pain relief from the Gabapentin is reported to be fair to good with about a 40% improvement. The Cyclobenzaprine was denied in U.R., the Gabapentin was modified to a lesser number of refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Cyclobenzaprine 7.5mg # 30 DOS 08/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines do not support the long-term (beyond 3 weeks) use of Cyclobenzaprine for chronic pain. Short-term use for distinct flare-ups is supported, but that

does not appear to be the recommended use. The Cyclobenzaprine 7.5mg #30 is not medically necessary.

(Retro) Gabapentin 600mg # 30 5 refills DOS 08/11/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED's Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics Page(s): 19.

Decision rationale: Guidelines support the use of Gabapentin under these circumstances. The physicians recommended dosing is up to 5 per day, but Guidelines recommend that dosing not exceed 3 per day. At either dosing schedule, the recommended prescription is reasonable, as the #30 tabs would last only 7-10 days. If it were not working there would be no need to continue filling the refills. There is no Guideline support to deny the Gabapentin 600mg. #30 with 5 refills, it is medically necessary.