

Case Number:	CM14-0206693		
Date Assigned:	12/18/2014	Date of Injury:	02/10/2014
Decision Date:	12/07/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old male who sustained a work-related injury on 2-10-14. Medical record documentation on 10-30-14 revealed the injured worker was being treated for myofascial pain syndrome, knee pain, hip pain, and pelvic pain, left wrist pain and left thumb pain. He reported continued pain in the left wrist and thumb and left groin with spasms in the area and with some numbness of the left hand. Objective findings included tenderness in the groin, decreased left thumb-wrist strength and numbness of the left thumb. He had decreased range of motion of the left wrist and normal reflexes of the bilateral upper extremities. His medication regimen included Naprosyn 550mg, Omeprazole 20 mg, Flexeril 7.5 mg and Neurontin 600 mg. On 11-18-14 he continued to have pain in the left wrist and thumb and the left groin with spasms of the area. He had some numbness of the left hand and was currently not working. Objective findings included tenderness in the groin, reduced left thumb wrist strength, numbness of the left thumb and decreased range of motion of the left wrist. His reflexes were normal in the bilateral upper extremities. He reported feeling better and wanted to try full duty. His medications included Naprosyn 550 mg, Omeprazole 20 mg, Flexeril 7.5 mg, Neurontin 600 mg and Cymbalta 60 mg. A request for Neurontin 600 mg and Flexeril 7.5 mg was received on 11-19-14. On 11-22-14, the Utilization Review physician determined Neurontin 600 mg and Flexeril 7.5 mg was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Neurontin 600 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen 2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient does not have the diagnosis of neuropathic pain. Therefore the request is not medically necessary.

One prescription of Flexeril 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic myofascial pain syndrome. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

