

Case Number:	CM14-0207959		
Date Assigned:	12/19/2014	Date of Injury:	06/22/2007
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: Nevada, California

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47-year-old male who reported an injury on 06/22/2007. The mechanism of injury was not provided. His diagnoses were noted to include lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, and myofascial pain. Past treatments were noted to include medications, home exercise program, TENS unit, and ice therapy. On 11/06/2014, it was noted the patient had pain to his low back that occasionally radiated to his left lower extremity. Upon physical examination, it was noted the patient had a positive straight leg raise. His medications were noted to include diclofenac 100 mg, topiramate 50 mg, cyclobenzaprine 7.5 mg, omeprazole 20 mg, Methoderm gel, and gabapentin 100 mg. The treatment plan was noted to include medications and surgery. A request was received for gabapentin 100mg #60 between 11/6/2014 and 11/6/2014; cyclobenzaprine 75mg #90 between 11/6/2014 and 11/6/2014; and diclofenac 100mg #60 between 11/6/2014 and 11/6/2014 without a rationale. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Gabapentin 100mg #60 Between 11/6/2014 and 11/6/2014: 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 Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The request for gabapentin 100mg #60 between 11/6/2014 and 11/6/2014 is not medically necessary. According to the California MTUS Guidelines, gabapentin is indicated for a diagnosis of postherpetic neuralgia. The clinical documentation submitted for review did not indicate this patient had postherpetic neuralgia. Additionally, the documentation did not indicate the efficacy of the use of this medication in terms of pain relief and functional improvement. Consequently, the request is not supported by the evidence based guidelines. As such, the request for gabapentin 100mg #60 between 11/6/2014 and 11/6/2014 is not medically necessary.

Retrospective request: Cyclobenzaprine 75mg #90 Between 11/6/2014 and 11/6/2014: 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 Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: The request for cyclobenzaprine 75mg #90 between 11/6/2014 and 11/6/2014 is not medically necessary. According to the California MTUS Guidelines, cyclobenzaprine is not indicated for more than 3 weeks. The clinical documentation submitted for review did not indicate how long this patient had been on this medication nor its efficacy in terms of pain relief and functional improvement. Consequently, the request is not supported by the evidence based guidelines. As such, the request for cyclobenzaprine 75mg #90 between 11/6/2014 and 11/6/2014 is not medically necessary.

Retrospective request: Diclofenac 100mg #60 Between 11/6/2014 and 11/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

Decision rationale: The request for diclofenac 100mg #60 between 11/6/2014 and 11/6/2014 is not medically necessary. According to the California MTUS Guidelines, NSAIDs are recommended for short term symptomatic pain relief and chronic pain from the low back. The guidelines also indicate that NSAIDs are no more effective than muscle relaxants, narcotics, or acetaminophen. The clinical documentation submitted for review did not indicate the efficacy of this medications use in terms of pain relief and functional improvement. Consequently, the

request is not supported by the evidence based guidelines. As such, the request for diclofenac 100mg #60 between 11/6/2014 and 11/6/2014 is not medically necessary.