

Case Number:	CM15-0000243		
Date Assigned:	01/09/2015	Date of Injury:	11/23/1999
Decision Date:	03/09/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/02/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year old male, who sustained an industrial injury on November 23, 1999. He reported a low back work injury. The diagnoses have included lumbar radiculopathy with left foot drop, discogenic pain, right knee interarticular pathology, spinal fusion of the L4-L5, deconditioning secondary to chronic pain, chronic spinal pain, spinal surgery with extension of fusion and hardware revision and straightening of spine. Currently, the IW complains of chronic low back pain accompanied by post-surgical pain. Pain was described as constant, burning, sharp, stabbing, tearing, throbbing, shooting, pinching and intense bone pain. Standing worsens pain and sitting makes it better. The worker was also reporting numbness and weakness in the legs. Pain was rated an eight on a scale of ten. The physician documented at the December 4, 2014 visit that the worker had increasing severe spinal pain and neuropathic radiculopathy that was reported to be worsening since recent surgery to remove spinal hardware from a previous surgery. The physician documented the worker was no longer stable following this surgery. On December 16, 2014, the Utilization Review decision non-certified one prescription of Flexeril 5mg, 60 count with 4 refills and Gabapentin 300mg, 360 count with 4 refills, noting the guidelines for Flexeril state this medication should be used short-term and that after this period the benefit is minimal. Gabapentin is recommended for a three to eight week trial as a first line treatment of neuropathic pain. If pain control is achieved then the medication could continue. The documentation failed to document the response to pain to this medication. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On December 29, 2014, the injured

worker submitted an application for IMR for review of one prescription of Flexeril 5mg, 60 count with 4 refills and Gabapentin 300mg, 360 count with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg #60 with 4 refills: Upheld

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

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

Decision rationale: This patient presents with low back pain with radicular pain in the left leg with numbness and weakness. The current request is for FLEXERIL 5MG #60 WITH 4 REFILLS. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exasperation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." This is an initial request for Flexeril. In this case, the treating physician has prescribed Flexeril #60 with 4 refills. MTUS Guidelines support the use of Flexeril for short course of therapy and not longer than 2 to 3 weeks. The requested Flexeril IS NOT medically necessary.

Gabapentin 300 mg #360 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 18-19.

Decision rationale: This patient presents with low back pain with radicular pain in the left leg with numbness and weakness. The current request is for GABAPENTIN 300MG #360 WITH 4 REFILLS. The MTUS Guidelines page 18 and 19 has the following regarding gabapentin. Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered the first line treatment for neuropathic pain. The patient has been utilizing Gabapentin for his neuropathic pain since 9/22/14. The patient presents with radicular symptoms and meets the criteria for utilizing Gabapentin; however, progress reports do not provide any discussion regarding decrease in pain or functional improvement. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the requested refill of gabapentin IS NOT medically necessary.

