

Case Number:	CM15-0018650		
Date Assigned:	02/06/2015	Date of Injury:	04/21/2007
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
 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 50-year-old male who reported an injury on 04/21/2007. The mechanism of injury was not stated. The current diagnoses include chronic pain syndrome, lumbar postlaminectomy syndrome, low back pain, sciatica, lumbar/thoracic radiculopathy, spinal enthesopathy, and fasciitis. The injured worker presented on 01/08/2015 for a followup evaluation with complaints of persistent low back pain with radiation into the bilateral lower extremities. The injured worker also reported an increase in pain with daily activities and cold weather. Upon examination, there was tenderness to palpation, lumbar facet tenderness, and positive facet loading maneuver. Recommendations included continuation of Flexeril 7.5 mg, fentanyl 25 mcg, omeprazole 20 mg, gabapentin 400 mg, and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. In this case, the injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There is no frequency or quantity listed in the request. As such, the request is not medically appropriate.

Naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in injured workers with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it is noted that the injured worker has utilized the above medication for an unknown duration. Guidelines would not support long term use of NSAIDs. There is no frequency or quantity listed in the request. As such, the request is not medically appropriate.

Flexeril 7.5mg: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There was no evidence of palpable muscle spasm or spasticity upon examination. There is also no frequency or quantity listed in the request. Given the above, the request is not medically appropriate.