

Case Number:	CM15-0143289		
Date Assigned:	08/04/2015	Date of Injury:	10/24/2010
Decision Date:	09/01/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, California
 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:

The injured worker is a 55 year old female who sustained a work related injury October 24, 2010. According to a physician's notes, dated May 7, 2015, the injured worker presented with ongoing pain in the mid back and low back with radiation to both arms, both legs, more pain in the right shin and ankle and both feet. The pain is associated with tingling in the legs, and numbness and weakness in the hands and feet. She rates her pain as 6 out of 10 and 9 out of 10 at its worst. She can walk approximately one and a half blocks before having to stop because of pain. Past treatment included physical therapy, chiropractic treatment, and (2) lumbar epidural injections without benefit. After evaluation by a spine surgeon, she declined surgery. On examination there is positive straight leg raise on the right in a seated and supine position to 50 degrees. There is diminished sensation in the right L5 and S1 dermatomes of the lower extremities. Electrodiagnostic studies performed July, 2013 revealed evidence of lumbar radiculopathy involving the bilateral L5-S1 nerve roots, right worse than left. Diagnoses are displacement of lumbar intervertebral disc without myelopathy; depressive disorder, not otherwise specified. At issue, is the request for authorization for Gabapentin, Tramadol, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radicular symptoms and persistent pain. The use of Gabapentin is medically necessary.

Tramadol 150mg Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Page(s): 78 & 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Tramadol for several months without indication of Tylenol or weaning failure Pain score reduction with medication was not routinely noted. Continued and chronic use of Tramadol is not medically necessary.

Cyclobenzaprine 7.5mg Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with Tramadol. Continued use is not medically necessary.

