

Case Number:	CM15-0144105		
Date Assigned:	08/05/2015	Date of Injury:	09/02/2005
Decision Date:	09/25/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii
 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 63 year old female, who sustained an industrial injury on 09-02-2005. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having carpal tunnel syndrome, numbness, muscle pain, and chronic pain syndrome. Treatment and diagnostics to date has included use of cortisone injections, physical therapy, and medications. In a progress note dated 07-07-2015, the injured worker reported wrist and hand pain. It is stated that the injured workers pain is better with medications, injections, and physical therapy. Objective findings included diminished sensation to the right thumb with positive Tinel's and Phalen's test on the right. The physician states that Gabapentin helps with her neuropathic pain and numbness in her hands. The treating physician reported requesting authorization for Flexeril and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The attending physician report dated 7/7/15 indicates a worsening of wrist and hand pain. The current request is for Flexeril 7.5mg Qty: 60. The attending physician requests a trial of Flexeril. The CA MTUS has this to say about Muscle Relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. The MTUS further indicates that Cyclobenzaprine is recommended for a duration of not greater than 3 weeks. The MTUS clearly indicates that muscle relaxants are for short-term treatment of acute exacerbations, and prolonged use of these medications may lead to dependence. In this case, Flexeril (Cyclobenzaprine) is recommended for a short course of therapy and the requested 60 tablets exceeds the MTUS guidelines. The records made available for review do not establish medical necessity for the request of Cyclobenzaprine.

Neurontin 600mg quantity 60 with three refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16.

Decision rationale: The attending physician report dated 7/7/15 indicates a worsening of wrist and hand pain. The current request is for Neurontin 600mg Qty: 60 with three refills. The attending physician states that Neurontin helps with neuropathic pain and numbness in the hands. The CA MTUS does recommend Neurontin for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." The records indicate the patient is suffering from a peripheral neuropathy. The records indicate the patient did have significant relief of pain and improved function following the initial trial of Neurontin. The records also indicate that Gabapentin has already been approved by IMR. The request is medically necessary.