MAXIMUS Federal Services

Case Number:	CM15-0145743		
Date Assigned:	08/07/2015	Date of Injury:	08/03/2012
Decision Date:	09/11/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/28/2015

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: Hawaii, California, Iowa
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 old female, who sustained an industrial injury on 8/3/2012. She reported injury to the right upper extremity and low back. The mechanism of injury is not indicated. The injured worker was diagnosed as having discogenic cervical condition with disc disease and associated headaches, right shoulder impingement syndrome, right lateral epicondylitis, wrist joint inflammation, stenosing tenosynovitis, discogenic lumbar condition with radicular component down the right lower extremity, and chronic pain syndrome. Treatment to date has included medication, first extensor release surgery, lumbar facet injection, TENS, and magnetic resonance imaging of the spine and wrist. The request is for Gabapentin and Flexeril. On 3-6-2015, she indicated she was not feeling well and had recently had an asthma exacerbation. She reported persistent pain to the neck, right arm, right shoulder, right elbow, right wrist, and low back. She had undergone first extensor release and completed 3 physical therapy sessions. She stated she needed refills of medication. She is not working. She also reported low back pain with muscle spasms, and she indicated she had GERD (gastroesophageal reflux disease). The treatment plan included: continuing physical therapy, icing, home exercising, Fenoprofen calcium, Pantoprazole, Tramadol ER, Orphenadrine (Norflex), and Gabapentin. On 5-26-2015, she reported pain to the right arm including the shoulder, elbow, wrist, and hand. She also reported low back pain. She is noted to have gained 40 pounds. She indicated her employer was unable to accommodate modified work, and she is not working In October she had first extensor release surgery on the right side. She has completed 12 physical therapy sessions. The treatment plan included: physical therapy, TENS, Nalfon, Trazodone, Topamax, Effexor XR, Protonix,

Ultracet, Neurontin and Flexeril. Her work status is stated as "the patient could continue working avoiding gripping, grasping, and torqueing, pushing, pulling, lifting, and working at or above shoulder level". On 6-26-2015, she reported being recommended for a functional restoration program. She requested physical therapy for core strengthening and psychiatric treatment for anxiety and depression, and post-traumatic stress from her surgery. She reported pain to the neck, right shoulder, right elbow, right wrist, right hand, and low back. She also indicated she had spasms and stiffness in the hand. The treatment plan included: physical therapy, Naproxen, Trazodone, Effexor XR, Gabapentin, and Flexeril. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); MTUS (2009), 9792.20; Functional restoration approach to chronic pain management; Gabapentin (Neurontin) Page(s): 16-22, 1, 8-9, 49.

Decision rationale: The CA MTUS chronic pain guidelines note Gabapentin (Neurontin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The CA MTUS guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The CA MTUS guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. "A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for: a switch to a different first line agent, combination therapy if treatment with a single drug agent fails". Ongoing treatment should reflect documentation of pain relief and functional improvement, as well as, side effects of the anti-epilepsy drug. In this case, she continues to have pain despite the use of pain medications. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, she is not working. There is no discussion regarding significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. There is no discussion of pain reduction with the use of Gabapentin. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of

improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Gabapentin 600 MG #60 is not medically necessary.

Flexeril 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009), 9792.20; Functional restoration approach to chronic pain management; Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 1, 8-9, 41-42, 63-66. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) and Other Medical Treatment Guidelines UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medication is not recommended to be used for longer than 2-3 weeks. The medical documents indicate that patient is far in excess of the initial treatment window and this request is for 60 pills, which is 30-60 days of treatment and in excess of guidelines recommendation of 2-3 weeks. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term usage of cyclobenzaprine. Therefore, the request for Flexeril 7.5 MG #60 is not medically necessary.