

Case Number:	CM15-0184451		
Date Assigned:	09/24/2015	Date of Injury:	12/16/2013
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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 48 year old male, who sustained an industrial injury on December 16, 2013. Medical records indicate that the injured worker is undergoing treatment for a cervical discogenic condition with disc protrusion, cervical foraminal narrowing, right shoulder impingement, thoracic spine disc bulges, a discogenic lumbar condition with disc bulges and a radicular component down the left lower extremity, headaches, post-traumatic stress disorder and major depressive disorder (in remission). The injured worker has returned to a back to work program. The injured worker was working 8 hours per day with restrictions. On (8-19-15) the injured worker complained of left shoulder pain and difficulty with overhead reaching. The injured worker also noted neck and low back pain. Objective findings noted tenderness along the cervical, thoracic and lumbar paraspinal muscles and pain along the facets. The injured worker had pain with facet loading. Left shoulder examination revealed a decreased and painful range of motion. Pain levels were not provided. Treatment and evaluation to date has included medications, MRI of the left shoulder (3-25-15), electrodiagnostic studies, neurological evaluation, urine drug screen, group and individual psychotherapy, transcutaneous electrical nerve stimulation unit, neck traction, neck brace and chiropractic treatments. The chiropractic treatments were noted to be helpful. The MRI of the left shoulder revealed an extensive labral tear. Current medications include Flexeril (since at least May of 2015), Gabapentin (since at least May of 2015), Naproxen, Protonix and Tramadol ER. Medications tried and failed include Naprosyn (nausea). The request for authorization dated 8-19-15 included requests for Flexeril 7.5

mg # 60 and Gabapentin 600 mg # 90. The Utilization Review documentation dated 8-26-15 non-certified the requests for Flexeril 7.5 mg # 60 and Gabapentin 600 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents with neck and low back pain. The current request is for Gabapentin 600mg #90. The treating physician's report dated 08/19/2015 (14B) states, "On return please kindly authorize, Flexeril 7.5mg (#60) for muscle spasms, gabapentin 600mg (#90) for neuropathic pain." Medical records show that the patient was prescribed Gabapentin before 03/2015. The MTUS Guidelines pages 18 and 19 on gabapentin states that it has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. None of the reports document medication efficacy as it relates to the use of Gabapentin. In this case, the MTUS guidelines do not support the continued use of medications used for chronic pain without documentation of decreased levels of pain or functional improvement. The current request is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with neck and low back pain. The current request is for Flexeril 7.5mg #60. The treating physician's report dated 08/19/2015 (14B) states, "On return please kindly authorize, Flexeril 7.5mg (#60) for muscle spasms." Medical records show that the patient was prescribed Flexeril before 03/2015. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants -amitriptyline-. This medication is not recommended to be used for longer than 2 to 3 weeks. In this case, long-term use of Flexeril is not supported by the MTUS Guidelines. The current request is not medically necessary.