

Case Number:	CM15-0189346		
Date Assigned:	10/01/2015	Date of Injury:	01/04/2014
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, Florida, California

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:

This injured worker is a 44 year old male, who sustained an industrial injury on 01-04-2014. The injured worker was diagnosed as paraplegia with neurogenic bowels and bladder. On medical records dated 08-25-2015 and 06-24-2015, the subjective complaints were noted as having persistent pain in the back, midback and paraspinal regional was reported to have aching pain with burning sensation. Objective findings were noted tenderness to palpation along the mid thoracic all throughout the paraspinal down to the mid lumbar paraspinals, equal on both sides. There was some increased muscle tension noted. Mid back pain at the thoracic level was noted as multifactorial partly related to neuropathic pain but also from muscle spasms. Treatments to date included medication, TLC program with physical therapy, occupational therapy, speech therapy and neuropsychology. Current medications were listed as Neurontin, Cymbalta, Flector patch, Enemeez, Aldactone, Colace, Miralax, Florine, Midorine, Melatonin and Ambien. The Utilization Review (UR) was dated 09-03-2015. A Request for Authorization was dated 08-27-2015. The UR submitted for this medical review indicated that the request for Neurontin 900mg #30 times 6 refills and Flexeril 5mg #30 times 6 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 900 mg #30 times 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Physicians Desk Reference and Official Disability Guidelines.

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

Decision rationale: The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) 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. This claimant however has neither of those conditions. Although there is a paraplegia, I did not find documentation of neuropathic pain. The request is not medically necessary under the MTUS evidence-based criteria.

Flexeril 5 mg #30 times 6 refills: 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): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. It is true the patient has paraplegia, but Flexeril is not effective for more than acute injury muscle spasm. The many refills (6) is especially concerning. Any other use other than short-term acute muscle spasm care is for the most part off label, and not fully studied. I would agree with the non-certification. The request is not medically necessary.