

Case Number:	CM15-0209697		
Date Assigned:	10/29/2015	Date of Injury:	11/15/2011
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/26/2015

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

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 50-year-old female who sustained an industrial injury on (11-15-11). The injured worker reported left sacroiliac discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for improved left sacroiliac dysfunction. Provider documentation dated 10-12-15 noted the work status as modified duty, permanent and stationary. Treatment has included home exercise program, Fexmid since at least August of 2015, Neurontin since at least May of 2015, injection therapy, and physical therapy. Objective findings dated 9-1-15 were notable for left L3-4 discomfort upon flexion, L5-S1 discomfort upon extension; "lower extremity neurological exam was normal." The original utilization review (9-30-15) denied a request for Neurontin 600mg #60 and Fexmid 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #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): Antiepilepsy drugs (AEDs).

Decision rationale: The patient was injured on 11/15/11 and presents with left bursa and SI joint pain. The request is for NEURONTIN 600 MG #60. The RFA is dated 09/01/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 03/05/15. MTUS, Antiepilepsy drugs (AEDs) Section, pages 18 and 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." The patient has left L3-4 discomfort upon flexion and L5-S1 discomfort upon extension. She is diagnosed with left sacroiliac discomfort. Treatment to date includes home exercise program, medications, injection therapy, and physical therapy. The 09/24/15 treatment report states that the patient's "pain is not responding to Neurontin or Fexmid taken as directed." In this case, it is unclear why the treater is requesting for additional Neurontin when the patient is not receiving any benefit from this medication. Therefore, the requested Neurontin IS NOT medically necessary.

Fexmid 7.5mg #30: 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 was injured on 11/15/11 and presents with left bursa and SI joint pain. The request is for FEXMID 7.5 MG #30 for muscle pain, spasm, and cramping. The RFA is dated 09/01/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 06/30/15. MTUS Guidelines, Muscle Relaxants section, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has left L3-4 discomfort upon flexion and L5-S1 discomfort upon extension. She is diagnosed with left sacroiliac discomfort. Treatment to date includes home exercise program, medications, injection therapy, and physical therapy. The 09/24/15 treatment report states that the patient's "pain is not responding to Neurontin or Fexmid taken as directed." In this case, it is unclear why the treater is requesting for additional Fexmid when the patient is not receiving any benefit from this medication. Furthermore, MTUS Guidelines do not recommend the use of Fexmid for longer than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 06/30/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Fexmid IS NOT medically necessary.