

Case Number:	CM15-0023427		
Date Assigned:	02/13/2015	Date of Injury:	09/11/2001
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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, California
 Certification(s)/Specialty: Family Practice

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 is a 51 year old male patient, who sustained an industrial injury on September 11, 2001. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, lumbosacral facet syndrome, spinal muscle spasms, lumbar degenerative disc disease (DDD), and lumbosacral joint dysfunction. Per the doctor's note dated 2/06/15, he had low back pain with intermittent radiation to the bilateral lower extremity with tingling and numbness. The physical examination revealed antalgic gait. Per the note dated 1/23/15, he had low back pain with radiation to the right lower extremity with tingling and numbness; muscle spasm throughout the lumbar spine. The physical examination of the lumbar spine revealed spasm and guarding, restricted range of motion, positive straight leg raise test bilaterally and 4/5 strength in right hip flexion. Per the progress note dated January 16, 2015 he had complains of flare up of low back and hip pain. He reports the pain has increased steadily. The current medications list includes meloxicam, flexeril, gabapentin, albuterol, proventil and oxycodone. He has had multiple diagnostic studies including lumbar MRI dated 12/17/14 which revealed multilevel disc bulge. His surgical history includes left ACL reconstruction in 1991, left shoulder rotator cuff repair in 2005, tonsillectomy and eye surgery. He has had chiropractic therapy, ice, orthotics, stretching and exercise for this injury. On February 6, 2015 utilization review non-certified a request for Flexeril 5 mg #60, Meloxicam 15 mg #30 and Gabapentin 600 mg #120. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Flexeril, Amrix, Fexmid, generic available), Page(s): page 64.

Decision rationale: Q-1- Flexeril 5 mg #60 Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient had chronic low back pain with lower extremity radiculopathy. Physical examination revealed spasm and restricted range of motion of the lumbar spine. Therefore the patient has chronic pain with significant objective exam findings. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 5 mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.

Meloxicam 15 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Q-2- Meloxicam 15 mg #30 Meloxicam is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Per the submitted medical records, patient had chronic low back pain with spasm, restricted range of motion and positive straight leg raising test. He has had lumbar MRIs with abnormal findings. NSAIDs are considered first line treatment for pain and inflammation. The request for Meloxicam 15 mg #30 is medically appropriate and necessary for this patient for managing his chronic pain.

Gabapentin 600 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS:(Neurontin, Gabarone, generic available) Page(s): Page 18-19.

Decision rationale: Q-3- Gabapentin 600 mg #120 Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines Gabapentin (Neurontin) 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. Per the cited guidelines, CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. Per the records provided he had complains of chronic low back pain with radiation to the lower extremities with tingling and numbness and physical examination revealed spasm, restricted range of motion and positive straight leg raising test. He has had lumbar MRIs with abnormal findings. There is objective evidence of nerve related pain. Gabapentin is recommended as an option for treating neuropathic pain. This request for Gabapentin 600 mg #120 is deemed medically appropriate and necessary in this patient.