

Case Number:	CM15-0210078		
Date Assigned:	10/29/2015	Date of Injury:	10/20/2003
Decision Date:	12/11/2015	UR Denial Date:	10/14/2015
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:

This is a 61 year old male who sustained an industrial injury on 10-20-2003. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic-lumbosacral radiculopathy, lumbosacral spondylosis and lumbar disc displacement. According to the progress report dated 10-6-2015, the injured worker complained of low back pain rated 3 out of 10 which was significantly improved since the transforaminal epidural steroid injection performed on 3-3-2015. He was unable to work. Objective findings (10-6-2015) revealed decreased lumbar range of motion with muscle spasm. Treatment has included epidural steroid injection and medications. The injured worker has been prescribed Gabapentin and Cyclobenzaprine since at least 5-2015. Fenoprofen was prescribed on 5-20-2015. The 6-30-2015 progress report documents the use of Zanaflex. The request for authorization was dated 10-8-2015. The original Utilization Review (UR) (10-14-2015) modified a request for Cyclobenzaprine from #60 to #20 and denied requests for Fenoprofen and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Non-selective NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on the 10/06/15 progress report provided by treating physician, the patient presents with low back pain rated 3/10. The request is for FENOPROFEN 400MG #60. Patient's diagnosis per Request for Authorization form dated 10/08/15 includes lumbar spondylosis, lumbar radiculopathy, and muscle spasm of back. Physical examination on 10/06/15 revealed decreased lumbar range of motion with muscle spasm. Treatment has included epidural steroid injection and medications. Patient's medications include Fenopropfen, Gabapentin and Cyclobenzaprine. Patient's work status not provided. Treater states "disability form filled out," per 10/06/15 report. Regarding NSAID's, MTUS page 22 state "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of anti-depressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Fenopropfen has been included in patient's medications per progress reports dated 05/20/15 and 10/06/15. It is not known when this medication was initiated. Treater states in 06/30/15 report that; "The current medications controls his/her pain without side effects, improves function and allows ADL's." Given patient's continued pain and documentation of functional improvement, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Gabapentin 600mg #124: Overturned

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

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

Decision rationale: Based on the 10/06/15 progress report provided by treating physician, the patient presents with low back pain rated 3/10. The request is for GABAPENTIN 600MG #124. Patient's diagnosis per Request for Authorization form dated 10/08/15 includes lumbar spondylosis, lumbar radiculopathy, and muscle spasm of back. Physical examination on 10/06/15 revealed decreased lumbar range of motion with muscle spasm. Treatment has included epidural steroid injection and medications. Patient's medications include Fenopropfen, Gabapentin and Cyclobenzaprine. Patient's work status not provided. Treater states "disability form filled out," per 10/06/15 report. 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." Gabapentin has been included in patient's medications per progress reports dated 05/20/15 and 10/06/15. It is not known when this medication was initiated. Per 10/06/15 report, treater states "lumbar radiculopathy with this medication his radicular symptoms are controlled." In this case, the patient has a diagnosis of radiculopathy and treater has documented benefit from medication. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: Based on the 10/06/15 progress report provided by treating physician, the patient presents with low back pain rated 3/10. The request is for CYCLOBENZAPRINE 7.5MG #60. Patient's diagnosis per Request for Authorization form dated 10/08/15 includes lumbar spondylosis, lumbar radiculopathy, and muscle spasm of back. Physical examination on 10/06/15 revealed decreased lumbar range of motion with muscle spasm. Treatment has included epidural steroid injection and medications. Patient's medications include Fenopropfen, Gabapentin and Cyclobenzaprine. Patient's work status not provided. Treater states "disability form filled out," per 10/06/15 report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Cyclobenzaprine has been included in patient's medications per progress reports dated 05/20/15 and 10/06/15. It is not known when this medication was initiated. However, MTUS recommends Cyclobenzaprine only for a short period (no more than 2-3 weeks). The patient has been prescribed this medication at least since 05/20/15, which is almost 5 months from UR date of 10/14/15. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, this retrospective request IS NOT medically necessary.