

Case Number:	CM15-0212291		
Date Assigned:	11/02/2015	Date of Injury:	07/28/2013
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/28/2015

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: Florida

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 53 year old male who sustained a work-related injury on 7-28-13. Medical record documentation on 9-11-15 revealed the injured worker was being treated for cervical spine degenerative disc disease with radiating symptoms to the left upper extremity, degenerative disc disease at C3-C4 and C5-C6, facet joint arthropathy at C7-T1, lumbar spine degenerative disc disease with radiating symptoms to the left lower extremity, lumbar spine sprain-strain, lumbago and bilateral shoulder pain. He reported constant neck pain, constant low back pain, weakness in the right leg and intermittent bilateral shoulder pain. He reported radiation of pain with associated numbness and tingling of the right leg to the level of the toes. Objective findings included decreased range of motion of the cervical spine with tenderness to palpation over C5-C6 and C6-C7. He had decreased range of motion of the bilateral shoulders with tenderness to palpation over the acromioclavicular and over the deltoid. He exhibited a decreased range of motion of the lumbar spine with tenderness over L4-L5 and L5-S1. His treatment plan included continued Flexeril 5 mg twice per day (since at least 7-14-15) and compound medication Lidocaine 6%-Gabapentin 10%-Ketoprofen 10% (since at least 7-14-15). On 10-7-15, the Utilization Review physician determined Flexeril 5 mg #60 (date of service 9-11-15) and Lidocaine 6%-Gabapentin 10%-Ketoprofen 10% 240 grams (date of service 9-11-15) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flexeril 5mg #60, date of service: 09/11/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: In accordance with the California MTUS guidelines, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Flexeril is not medically necessary.

Retrospective request for Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 240gms, date of service: 09/11/2015: 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): Topical Analgesics.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains the requested topical analgesic contains Gabapentin. MTUS guidelines specifically state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Likewise, this request is not considered medically necessary.