

Case Number:	CM15-0032668		
Date Assigned:	02/26/2015	Date of Injury:	03/07/2003
Decision Date:	04/14/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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, Arizona

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 46-year-old male who reported an injury on 03/07/2003. The mechanism of injury was not stated. The current diagnoses include failed back surgery syndrome, lumbar radiculopathy, depression, and anxiety. The injured worker presented on 01/02/2015 for a follow-up evaluation. It was noted that the injured worker was pending authorization for a psychological evaluation prior to an intrathecal pump trial. The current medication regimen includes gabapentin 600 mg, roxicodone 30 mg, fentanyl 100 mcg, tizanidine 6 mg, Lidoderm patch, and Pristiq 50 mg. Upon examination there was normal muscle tone, positive straight leg raise bilaterally, diminished deep tendon reflexes bilaterally, decreased sensation in the bilateral feet, and weakness with plantarflexion of the bilateral feet. There was tenderness to palpation over the lumbar paraspinous muscles as well as decreased range of motion in all planes. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin / Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. However, the injured worker has utilized the above medication since at least 01/2014. There is no documentation of objective functional improvement. Therefore, the ongoing use of gabapentin 600 mg would not be supported. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Tizanidine 6mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) / Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no evidence of palpable muscle spasm or spasticity upon examination. The guidelines would not support long-term use of muscle relaxants. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.