

Case Number:	CM15-0036153		
Date Assigned:	04/21/2015	Date of Injury:	07/03/1989
Decision Date:	05/19/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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, Pain Management

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 80 year old male, who sustained an industrial injury on 7/3/89. The PR2 dated 1/14/15 noted that the injured worker fell and hit his right hip and head with no obvious facial bruise. The diagnoses have included lumbar spinal stenosis with radiculopathy and seizure disorder. Treatment to date has included norco; tramadol; dilantin; neurontin and skelaxin; transcutaneous electrical nerve stimulation unit and spinal fusion. The request was for dilantin and skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilantin 100mg #120 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The epilepsies: The diagnosis and management of the epilepsies in adults and children on primary and secondary care; 2004 October (revised 2012 Jan), National Collaborating Centre for Primary Care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/dilantin.html>.

Decision rationale: Regarding request for Dilantin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. FDA indications include the control of tonic-clonic (grand mal) and psychomotor (temporal lobe) seizures and prevention and treatment of seizures occurring during or following neurosurgery. Within the documentation available for review, it appears that the medication is being prescribed for the management of a seizure disorder. However, as with any medication, the medical necessity of ongoing use is dependent on factors such as efficacy and continued need, and a prescription with multiple refills is not conducive to regular reevaluation for such factors. While it appears that continued use of the medication is appropriate at this time, there is, unfortunately, no provision for modification of the current request to an appropriate amount of medication. As such, the currently requested Dilantin is not medically necessary.

Skelaxin 400mg #120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Skelaxin, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Skelaxin is not medically necessary.