

Case Number:	CM15-0045795		
Date Assigned:	03/18/2015	Date of Injury:	03/11/2014
Decision Date:	04/17/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

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 57 year old male who sustained an industrial injury on March 11, 2014. He has reported back pain and has been diagnosed with herniated nucleus pulposus lumbar spine, lumbar radiculopathy, back pain, and L1 compression fracture-not symptomatic. Treatment has included medications. Currently the injured worker had tenderness to palpation in the bilateral paraspinal muscles in the lumbar region with spasms noted. The treatment request included Gabapentin 600 mg #30, Cyclobenzaprine 7.5 mg #60, and Omeprazole 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-18 Page(s): 16-18.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic low back pain with lumbar paraspinal muscle spasms and tenderness. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore, as prescribed, not medically necessary.

Cyclobenzaprine 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic low back pain with lumbar paraspinal muscle spasms and tenderness. Medications also include Relafen 750 mg twice daily as needed. Prilosec is also being prescribed on an as needed basis. Flexeril is being prescribed on a long term basis. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.

Omeprazole 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic low back pain with lumbar paraspinal muscle spasms and tenderness. Medications also include Relafen 750 mg twice daily as needed. Prilosec is also being prescribed on an as needed basis. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and the claimant is taking both Prilosec and Relafen on an as needed basis. The claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. Therefore, the prescribing of a proton pump inhibitor such as Prilosec was not medically necessary.

