

Case Number:	CM15-0047556		
Date Assigned:	03/19/2015	Date of Injury:	08/13/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/12/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50-year-old man sustained an industrial injury on 8/13/2013. The mechanism of injury is not detailed. Diagnoses include cervical spine strain/sprain, rule out cervical radiculopathy, status post right shoulder arthroscopy, bilateral shoulder sprain/strain rule out internal derangement, bilateral elbow sprain/strain rule out internal derangement, bilateral wrist sprain/strain rule out internal derangement, thoracic spine sprain/strain rule out herniated nucleus pulposus, lumbar spine sprain/strain rule out herniated nucleus pulposus, rule out lumbar radiculopathy, and bilateral knee sprain/strain rule out internal derangement. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 2/3/2015 show complaints of neck, bilateral shoulder, bilateral elbow, mid and low back, and bilateral knee pain rated 5-7/10. Recommendations include periodical urine drug screening, electromyogram/nerve conduction study of the bilateral upper and lower extremities, pain management consultation, orthopedic surgeon consultation, acupuncture, chiropractic therapy, Terocine patches, and continue medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1mg/ml 250ml (Cyclobenzaprine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Treatment, integrated Treatment/Disability Duration Guidelines, Pain (Chronic) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Tabradol contains cyclobenzaprine. According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case has been using Tabradol for a long time without any evidence of reduction in pain or increased functionality and the prolonged use of Tabradol is not justified. Therefore, the request for Tabradol 1mg/ml 250ml is not medically necessary.

Fanatrex 25mg/ml 420ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Treatment, integrated Treatment/Disability Duration Guidelines, Pain (Chronic) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: FANATREX contains GABAPENTIN which is a medication approved for neuropathic pain. According to MTUS guidelines, “Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.” There is no recent documentation that the patient developed a neuropathic pain. There is no documentation of functional improvement with previous use of Fanatrex. Therefore, the request for Fanatrex 25mg/ml 420ml is not medically necessary.