

Case Number:	CM15-0052405		
Date Assigned:	03/25/2015	Date of Injury:	10/27/2011
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 55 year old male who sustained an industrial injury on 10/27/2011. Diagnoses include open skull fracture without intracranial injury with brief loss of consciousness, cervicgia, vertigo of central origin, lumbago, tinnitus, and sciatica. Treatment to date has included medications, massage therapy, diagnostics, physical therapy, and aqua therapy. A physician progress note dated 01/26/2015 documents the injured worker is having increased pain without having the massages as they have been denied. Visual Analog Scale with medications is 5 out of 10, and without medications pain is 8 out of 10. Medications help with pain and with function. He is alert and oriented to name and place but not time. He has a depressed affect with minimal eye contact. Treatment recommended is for massage therapy which helps with pain, and medications which help with pain and function, he has shown significant improvement with aqua therapy. Treatment requested is for Cyclobenzaprine 10mg, #30, 1 refill, Massage Therapy, Head, quantity 8, and Neurontin 300mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg, #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, muscle relaxant.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine (Flexeril) 10 mg #30 with one refill is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are open for skull fracture without intracranial injury reflux of consciousness; other infections involving bone; open fracture of vault of skull without intracranial injury; cervicalgia; vertigo of central origin; tinnitus; closed fracture of one rib; sciatica: and esophageal reflux. The documentation shows Flexeril was first prescribed on September 5, 2014. The indication was cervical spasm. (Flexeril) is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term exacerbation of back pain in a patient with chronic low back pain. The injured worker's VAS pain score remained elevated at 5/10 with medication and 8/10 without medication. Additionally, Flexeril is indicated for short-term (less than two weeks). The treating physician has continued Flexeril in excess of five months. This is in excess of the recommended guidelines. Consequently, absent clinical documentation with an appropriate clinical indication in excess of the recommended short-term use (less than two weeks), Cyclobenzaprine 10 mg #30 with one refill is not medically necessary.

Neurontin 300mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Neurontin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 300mg #120 are not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured workers working diagnoses are open for skull fracture without intracranial injury reflux of consciousness; other infections involving bone; open fracture of vault of skull without intracranial injury; cervicalgia; vertigo of central origin; tinnitus; closed fracture of one rib; sciatica: and esophageal reflux. The documentation does not contain neurologic evidence on examination of neuropathic symptoms or signs. Neurontin 300 mg is not indicated for headache per se. Progress notes dated February 8, 2015 and March 20,

2015 do not contain neurologic evaluations. Consequently, absent clinical documentation with evidence of neuropathic symptoms and/or signs with an appropriate clinical indications/rationale for Neurontin, Neurontin 300mg #120 are not medically necessary.

Massage Therapy , Head, quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, massage therapy head times 8 is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). The recommended frequency and duration of treatment are 1 to 2 times per week for an optimum duration of six weeks. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnoses are open for skull fracture without intracranial injury reflux of consciousness; other infections involving bone; open fracture of vault of skull without intracranial injury; cervicgia; vertigo of central origin; tinnitus; closed fracture of one rib; sciatica: and esophageal reflux. The documentation from a March 20, 2015 progress note shows the injured worker received prior massage therapy and received "the most relief from massage therapy". The documentation does not contain the total number of massage therapy visits. The guidelines indicate massage is a passive intervention and treatment dependence should be avoided. There is no compelling clinical documentation that indicates additional massage therapy is clinically indicated. Consequently, absent compelling clinical documentation indicating additional massage therapy is clinically indicated, pursuant to guideline recommendations that treatment dependence should be avoided, massage therapy to the head times eight is not medically necessary.