

Case Number:	CM15-0087033		
Date Assigned:	05/11/2015	Date of Injury:	01/08/2011
Decision Date:	06/12/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/06/2015

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: Preventive Medicine, Occupational 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 1/8/2011. His diagnoses, and/or impressions, are noted to include lumbar sprain/strain; hip pain; and status-post "B/L" hernia repair. No current imaging studies are noted. His treatments have included acupuncture therapy; a home exercise program; heat therapy; and medication management. Progress notes of 4/7/2015 noted complaints of severe low back pain and "B/L" hernia pain, not controlled with Flexeril, and which causes insomnia/sleep disturbance. The objective findings were noted to include positive lumbar and hip spasms and need to increase home exercise program (Gym). The physician's requests for treatments were noted to include the continuation of Gabapentin, Cyclobenzaprine, and Eszopiclone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gabapentin 300mg capsules with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gbapentin; Anti-epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug, 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Retrospective request for Gabapentin 300mg capsules with 3 refills is not medically necessary.

Retrospective request for Cyclobenzaprine 7.5mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle Relaxants Page(s): 41-42; 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Patient has been taking cyclobenzaprine for at least as far back as six months. The patient has been taking the medication far longer than the short-term course recommended by the MTUS. Retrospective request for Cyclobenzaprine 7.5mg with 3 refills is not medically necessary.

Retrospective request for Eszopiclone with 1mg with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress, Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Eszopiclone longer than the maximum recommended time of 4 weeks. In addition, the patient has been given refills as well. Retrospective request for Eszopiclone with 1mg with 3 refills is not medically necessary.